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THE

Medical and Surgical Reporter:

A WEEKLY JOURNAL,

EDITED BY

S. W. BUTLER, M.D.

JANUARY, 1866—JULY, 1866.

VOL. XIV.

PHILADELPHIA:
ALFRED MARTIEN, PRINTER, 619 JAYNE STREET.
1866.

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New Ser.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 462.] PHILADELPHIA, JANUARY 6, 1866. [Vol. XIV.—No. 1.

Original Department.

Lectures.

A LECTURE ON SCARLATINA:

ITS SYMPTOMS, PATHOLOGY, PROGRESS, PROGNOSIS, CAUSE, DIAGNOSIS, AND TREATMENT.

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The disease which forms the subject of our remarks this morning, is SCARLATINA. And it is one of vast importance to the general practitioner, from the fact that it is a common disorder, and one that frequently proves fatal. It is one, also, upon which physicians differ very widely in regard to treatment. The reason for this is to be found in the fact, that notwithstanding all that has been said and written upon this subject, the true nature of the disease is not understood. And it is a fact which cannot be denied, that there are few diseases, the treatment of which is so empirical and unsatisfactory as this.

It has been remarked, that one of the surest criterions of our deficient knowledge, as to the nature of any malady, is the complex character of the means which we propose for its cure. Hence the most incurable diseases abound most in specifics, and on the substratum of our ignorance, prescriptions accumulate with vast rapidity. In few diseases have we had a more fearful demonstration of the truth of these remarks, than in scarlatina. Ever since the year 1557, when the disease was first described by Collyer, down to the present time, it has been a shining mark for therapeutical skill. Every department of nature has been explored for remedies; and very frequently the physician in his misguided efforts to cure the complaint, has inflicted more suffering upon his confiding patient than the malady itself; and I have not the least doubt, that in many instances, the mortality from the disease has been greatly increased by erroneous modes of treatment.

In the present state of our knowledge on this subject, we think that there is abundant evidence to prove, that scarlatina is produced by a specfiic morbid agency derived from the atmosphere, and is both infectious and contagious. That its phenomena are fever, a bright red rash upon the skin and mucous membrane of the mouth and throat, attended with enlargement of the tonsils and sub-maxillary glands, which after a few days subside, when a general desquamation of the cuticle takes place, and by degrees the patient is restored to health.

I. Varieties and Symptoms of Scarlatina.

Medical writers have described four distinct varieties of this disease:

1. Simple scarlatina.
2. Scarlatina anginosa.
3. Scarlatina maligna.
4. Scarlatina latent.

The symptoms of each of these forms of the disease vary so much in different attacks and epidemics, that they require a separate description.

Simple Scarlatina is commonly ushered in by lassitude, shivering, succeded by heat, thirst, quick pulse, and occasionally nausea, headache, and sometimes delirium. These vary much in degree in different cases, from the slightest disturbance of the constitution to severe fever. Generally about the second day the eruption appears in the form of red spots—first upon the face and neck, and subsequently these coalesce and spread over the trunk and extremities. On the third day the eruption is at its height, and then appears in the form of a continuous bright redness upon the extremities, and of large irregular patches upon the trunk of the body.

The skin at this period is dry and hot, but it gives to the touch no feeling of elevation, only a slight sense of roughness. It may, however, occasionally be intermingled with miliary vesicles, or papulæ, especially when the patient has been subjected to a stimulating treatment. The eruption at this period may also be seen upon the inside of the mouth and throat, which assumes a bright scarlet color; the tongue, if clean, exhibits the same hue, or the papillæ appear through the coating of the fur, and their redness as well as that of the lip, afford a strong contrast to its white or yellow color. This is the strawberry tongue of some writers, and is highly characteristic of scarlatina from the fact that it is very rarely found in any other disease. Dependent upon the occurrence of the eruption in the fauces, there is always more or less sore throat. On the fifth day the eruption usually begins to decline, and in a day or two after, altogether disappears—its departure being attended with a general desquamation of the cuticle of the whole surface of the body.

Scarlatina Anginosa is a more aggravated form of the disease. The precursory symptoms are always more violent than those just described.

In many case the first difficulty complained of, is a sudden stiffness, of the neck, throat, and angles of the jaws, accompanied by uneasiness in swallowing, which on the second day becomes more painful and difficult, the suffering of the patient being rendered more distressing by constant efforts to expel a viscid secretion from the tonsils and pharynx.

Upon examining the throat, there is considerable swelling of the tonsils, uvula, and soft palate, with florid redness of their surface, which extends to the posterior part of the fauces. In grave cases small patches of a dark hue are observed in the inflamed membrane, at which point there is an exudation of coagulable lymph, of a greenish-white appearance, which unless examined with care, may be mistaken for a slough of the mucous membrane, but by directing the patient to clean his throat by means of some simple gargle, by which this exudation may be removed, the membrane will be found entire, and free from loss of any substance.

In some cases the fever is seen to precede or accompany the sore throat; in others it is delayed until the appearance of the rash. It is generally, from its commencement, of a more active kind than in simple scarlatina, indicating a severer form of disease. On the second or third day, as the inflammation of the throat increases and becomes more urgent, there is generally an augmentation of the fever; the debility is greater; the pulse more frequent and of unequal strength; the respiration oppressed; the temperature of the skin rises to 106° or 108°, sometimes to 109°; there is very urgent thirst; and the tongue, especially at its tip and edges, assumes a scarlet hue, while the papillæ are much enlarged. As the evening approaches there is an exacerbation of fever, with extreme restlessness, and often delirium during the night.

In this form of scarlatina the rash does not observe the same regularity as in the simple. It does not commonly appear so early, but is often delayed to the third or fourth day, and generally comes out in scattered patches on the chest and arms. In some cases it is confined to the back of the hands and wrists, and sometimes wholly vanishes the day after its appearance, and re-appears partially at times, so that its whole duration is longer than in the simple form of the disease. About the fifth or sixth day it begins to grow sensibly paler, following the same order in its decline which it had previously observed on its appearance, subsiding first on those parts which it had primarily occupied. Desquamation of the cuticle frequently follows the disappearance of the rash, though this is by no means an uniform occurrence, seeming in some measure to depend on the intensity or duration of the previous eruption, for when the latter has been slight and of an evanescent character, desquamation seldom follows. The fever and the inflammation of the throat begin to abate with the fading of the eruption, though sometimes the sore throat and some degree of fever continue for a week or ten days after the rash has entirely disappeared.

This description which we have now given of scarlatina anginosa, is that type of the disorder, as it is usually observed, without any complications. But it sometimes assumes a very aggravated form; thus, in addition to the symptoms already described, there is sometimes an acrid discharge from the nostrils and ears, frequently accompanied with deafness and inflammation of the parotid and cervical glands, terminating in suppuration of the cellular tissue. But although these occasional complications tend to keep up the constitutional symptoms, and prolong the duration of the disease, they do not materially add to the danger, as they generally subside in a few days after the disappearance of the more characteristic symptoms of the disease.

Scarlatina Maligna is a most terrible disease. Its symptoms, at the commencement, differ but little from scarlatina anginosa; yet, at a very early period, its formidable nature is readily detected by the careful diagnostician. Thus, the fever assumes a very low grade, the heat of the skin is less intense, and there is great disorder of the functions of the brain, with small, frequent, and often irregular pulse. There is, at the same time, dull redness of the eyes, with a dark-red flush on the cheek; the patient is restless, fretful, and at times delirious; the delirium is sometimes violent, but more generally it is of a low muttering kind. The tongue quickly becomes dry and brown, or red, dry, and glossed, and often so tender and chapped, that a slight touch causes it to bleed freely. The teeth and lips are covered with sordes, and the odor of the breath is extremely offensive.

The throat has a dusky appearance; there is not much swelling, but dark incrustations form on the velum, uvula, and tonsils, which are not, as has been generally supposed, sloughs, but merely exudation of lymph and false membrane. In some cases, however, there is gangrenous inflammation of the parts, which are destroyed by the sloughing that succeeds. There is at the same time an acrid excoriating discharge from the nostrils, and a viscid secretion from the fauces, impeding respiration and producing a rattling noise in the throat. The inflammation, in severe cases, spreads to the posterior pharynx, which, though not much swollen, is so irritable, that on attempts to swallow fluids, they are rejected through the nostrils. The inside of the lips and cheeks are frequently covered with aphthæ, and the cervical and sub-maxillary glands become inflamed, abscesses occasionally forming in the cellular tissue.

The rash is extremely irregular as to the time of its appearance and duration. It often comes out at a late period of the disease, and disappears after a few hours; or it vanishes suddenly, and is again renewed several times during the course of the disorder. Its color is generally paler than the other varieties, except that here and there, in irregular patches, it assumes a deeper hue. In some cases there is a great tendency to hemorrhage from the mucous surfaces, either from the throat, nostrils, intestines, or urinary canal. Petechiæ often appear upon the skin, and the patient gradually sinks, unless the constitutional powers have been previously very vigorous.

In many instances, this variety of the malady terminates fatally on the third or fourth day; in some rare cases, it has been known to prove fatal

on the second day. In the latter case, life appears to be at once extinguished by an intense impression of the morbid poison upon the great nervous centres. Even before the rash has had time to be developed, the patient's existence is suddenly terminated with convulsions or coma.

The Latent Scarlatina hardly admits of a separate description; its symptoms appear to consist of a mixture of those of the other forms of the disorder, and pursue no regular order in their development. And if it was not from the prevalence of the disease in the family or neighborhood of the patient, it might be mistaken for several other disorders of a kindred type. As in other forms of the complaint, the attack is commonly sudden. The patient at first becomes pale and faint. In a short time he complains of pain or giddiness in the head, attended with oppression and uneasiness in the region of the heart or pit of the stomach. Sometimes he sinks, as if overcome by an uncommon shock, and lies in a state of confusion and oppression without making a single complaint. At other times, he may walk about, pale and languid, for a day or two, and then take his bed, like an individual exhausted by some great fatigue or mental anxiety. When the disease has become fully and decidedly established, the pulse is commonly feeble and intermitting; the respiration irregular, and not unfrequently very slow; the face more pale, and the lips and tongue livid; the eye dull, but sometimes glairy; the mind, which at first was confused and dejected, becomes delirious, and the patient soon expires, either in coma or convulsions.

In this form of scarlatina, there is commonly very little sore throat, no enlargement of the glands of the neck, and no eruption on the surface of the body. This form of the disease frequently runs its fatal course in two or three days from the commencement of the oppression.

II. Complications of Scarlatina.

In every form of this disorder we frequently meet with complications that demand our especial attention, such as inflammation of the membranes of the brain, pleuritis, peritonitis, nephritis, pneumonia, pharyngitis, laryngitis, and gastro-enteritis; but we should remember that the various serous membranes of the body are more apt to become inflamed in this disorder than the parenchyma, and is therefore always more dangerous. I believe it may be stated as a general fact, that more patients die with these complications than the primary disorder. They may attack the patient at any stage of the complaint, and if not promptly arrested, terminate his existence in a very short space of time. Each of these complications will, as a matter of course, produce their own special lesions and symptoms, but we have not time on the present occasion, to treat of them as fully as their importance requires, and will leave their consideration for another lecture.

III. Pathology of Scarlatina.

The pathological lesions of the uncomplicated forms of this disease are very few. If, during life, the rash has been very faint, after death it will mostly have disappeared from the surface of the body, or, it may remain in patches of a livid hue, and, on dividing the skin, the vascular network is found very much injected. The redness of the mouth, tonsils, and pharynx, disappear when the attack has been mild, or when fatal in the first stage, but in severe cases the mucous membrane is softened, ulcerated, and sometimes gangrenous. In malignant cases the digestive mucous membrane is softened, and Peyer's glands are occasionally enlarged, and also the mesenteric glands. Congestion of the brain or its membranes, lesions of the liver, of the spleen, and of the kidneys, are by no means unusual. In most cases the appearance of the blood differs but little from that of health. Dr. Copland speaks of the blood in the malignant form of the disease being in the same state as in other malignant fevers. Rilliet and Barthez consider the condition of the blood the great essential element of the disease, and they describe it as varying in its state, sometimes being liquid and unusually fluid, black, or serous, and clear, with few clots, and those soft and easily crushed; in other cases, the coagula were abundant, firm, solid, and part fibrinous. Sometimes, it was effused profusely into the tissues; in other cases, the congestion was normal. Occasionally, certain organs were pale, and contained little blood.

IV. The Sequelæ of Scarlatina.

These are several, such as dropsy, either in the cellular membrane, or in the cavities; abscesses in various situations and structures; suppurations from the ears and nose; and various forms of tubercular disease. The dropsy most commonly affects the cellular membrane, especially the hands, feet, and face; but it sometimes takes place in the cavities. A dropsical swelling of the hands and feet may follow very mild cases of the disorder, setting in a week or ten days after the disappearance of the rash. It is alternated by symptoms of an inflammatory kind, the pulse becoming quick, the stomach deranged with costive or irritable bowels, nausea, and scanty, high-colored urine. When the face is affected, its pallor, and the swelling of the eyelids, give the patient a peculiarly bloated and unhealthy aspect. More rarely, effusions take place into the head, chest, or abdomen; and it is then also of a more dangerous character. The urine in dropsy after scarlatina, is almost always albuminous, and coagulates upon the application of heat and nitric acid.

It is often asked, Will individuals who have once experienced the specific action of the scarlatina poison be forever exempt from another attack? We have often attended patients who have had this disorder a second time. I feel confident that I could not have been mistaken in my diagnosis, and I have heard several practitioners of eminence express the same opinion. Analagous instances of the recurrence of small-pox, and measles, might be adduced in support of this statement. At the annual meeting of the Pennsylvania State Medical Society for 1862, several members mentioned the recurrence of scarlatina as very frequent in some cases in their practice, during the year. One physician related several instances where the disease reappeared, in the

same subject, at an interval of only a few weeks. These cases were mostly fatal. Dr. Richardson, a distinguished London physician, says that he himself has had three distinct attacks of scarlatina.

Dr. West, in his lectures on children, says that he has occasionally met with cases of the disease wherein there has been a relapse during the month of its first occurrence, and gives the following case as an example: "A little girl, aged 3½ years, had measles on June 16, 1854, and a second eruption on the 23d and 27th of the same month From the description of a sister, the second rash had the character of scarlatina. It was accompanied by sore throat. She was brought to this hospital on June 27, and then had a dull, heavy look, and was sometimes vacant. At night she was delirious. There was no eruption. She continued for the next three days rather dull intellectually, and on July 2, she had otorrhœa, with fetid discharge, and two days later, much thick discharge from the nares. There was no albumen in the urine. After this, her intellectual power was gradually restored, and she left the hospital tolerably well on July 21.

"A week later, that is, seven days after leaving the hospital, and thirty-six days after the occurrence of the rash which simulated scarlatina, she was again brought to the hospital. She had then been ill for two days. She had a papular red rash on her body, with much coryza and dry cough, and a hot skin. The next day, July 29, rash was more distinct, mottled, and considered by Dr. Jenner to be a scarlatina rash. There was also sore throat. Slight desquammation was taking place on the forehead. Three days later, August 1, the first day she has seemed better; the discharge from nose and ears was very offensive. Cough nearly gone. August 3. Cough returned, with heat of skin, and signs of pneumonia. Throughout, a tendency to looseness of the bowels. On August 5, she died, *i. e.*, on the ninth day from re-admission.

"After death, there was found pneumonic consolidation of parts of both lungs, kidneys anæmic, spleen firm. Blood of body generally coagulated. Auricles filled with clots, interlaced much with columnæ carneæ. There was ulceration of both tonsils. Stomach and intestines were healthy."

V. The Origin of Scarlatina.

We have already stated that this disease is, both infectious and contagious; and it is well known that the different varieties of the complaint which we have may all be directly traced to the same infection. Like its kindred affections, it is unquestionably of an epidemic nature, occurring usually about the end of summer or autumn, especially in wet and cold seasons, and prevailing until the commencement of spring. But there are exceptions to this. One of the most fatal epidemics of scarlatina that I ever saw, commenced its fearful ravages about the first of June, and continued with more or less severity until the middle of October, when it entirely ceased. We will speak of this epidemic again in a subsequent part of this lecture.

From the great difference in the character between the simple and malignant form of scarlatina, some medical writers have supposed them to be distinct diseases; but this is disproved by the fact that the same source of infection may produce either form. The difference appears to be more in the habit of the patient, and the character of the epidemic. When inflammatory diseases prevail, the simple form of the disease occurs—when typhoid disorders prevail, the malignant form is more common. Looking upon the subject from this standpoint, the simple scarlatina is to be considered as the true type of the disease, and the graver forms as something superinduced; just as a simple wound may be attacked with erysipelas, when it happens to be rife in the locality, or when the subject is at the time in an unhealthy condition.

But I should not neglect to say in this connection, that this mode of the origin of scarlatina has been most emphatically ignored by some of our best medical authorities. Dr. C. D. Meigs, one of the most eloquent and scientific writers of our day, rejects all morbid agency in the case. He maintains that it is not a blood-poison. He says, "I cannot comprehend how the cause of scarlatina should poison the blood. Many of my friends have said, while we have together attended upon cases, 'the blood is poisoned;' 'the poison in the blood;' 'the disease is a disease of the blood, which has received its fatal dose of poison.' For my own part, I do not admit that there is any poison in the case; for I deny the contagiousness, and believe in an atmospheric intemperies as causative of the malady."

Dr. Meigs regards scarlatina purely as a "vascular disease, an inflammation of the endangium. If it be the capillaries of the skin that are solely affected, I have to treat a mere case of scarlatina simplex. If those of the mucous membrane of the fauces only are attacked, then I have scarlatina anginosa. If those of the skin, the fauces, the Schneiderian membrane, the larynx, the parotids, the heart, the stomach, or the encephalon, are all together involved by the inflammation of the capillary endangium, then I have a case of malignant scarlatina, and I know that a majority of such cases are mortal ones."

"Now, in these three different forms or grades, I see only the same disorder; but I see it rising in importance from the slightest attack of simple scarlatina up to the terrible intensity of the most malignant form, merely by the extension of the inflammation to the endangium of deep-seated and vital organs, whose play is necessary to life, which cannot be rescued when, as in too many instances, the violence and extent of the disorder transcends *adinitio*, the powers of recovery."*

Dr. Meig's objection to the doctrine of blood poisoning, as the originating cause of scarlatina, is one of the vagaries of his own fanciful intellect. It is not supported by a single fact that presides in the case. Scarlatina pursues the same definite course that pertains to all diseases that result from blood-poisoning. It has its period of incubation, eruption, and decline, and may, like small-pox, be produced by inoculation. As to the essential nature of this poison, or how it operates when in the blood, we are entirely ignorant. I think that we have the clearest evidence to be-

* Meigs' Observations on Certain of the Diseases of Young Children, pp. 200 and 201.

lieve that the poison of this disorder emanates from individuals suffering under it, and that the atmosphere may become so impregnated with it, in certain places, that every person who has not had the disease may become affected with it. That this disease ever originates spontaneously, is a question that we cannot definitely settle. Reasoning from the class of diseases to which it belongs, we would say it could not, and this is the opinion of our best authors.

Some writers believe that the scarlatina poison may be laid up in a room for weeks or even months, and still retain its noxious properties. A very remarkable instance of this is given by Dr. Richardson, in his Clinical Essay on Scarlatina. He gives it as follows:

"During my early career, I assisted a practitioner at Saffron Walden. In our union district we had an outbreak of scarlet fever. At a short distance from one of our villages, there was situated on a slight eminence a small clump of laborers' cottages, with the thatch peering down on the beds of the sleepers. A man and his wife lived in one of these cottages with four lovely children. . . . The poison of scarlet fever entered this poor man's door, and at once struck down one of the flock. It seemed to me that I had saved the remaining children by obtaining their removal to the care of a grandparent who lived a few miles away. Some weeks elapsed, when one of them was allowed to return home. Within twenty-fours, it was seized with the disorder, and died with equal rapidity to the first.

"We were doubly cautious in respect to the return of the other children. Every inch of wall in the cottage was cleansed and lime-washed: every article of clothing and linen washed, or if bad, destroyed. Floors were thoroughly scoured, and so long a period as four months was allowed to elapse before any one of the living children were brought home. Then one child was allowed to return. He reached his father's cottage early in the morning, he seemed dull the next day, and at midnight in the succeeding twelve hours, I was sent for, to find him also the subject of scarlet fever. The disease again assumed the malignant type, and the child died."

Dr. Richardson further adds, "I have always believed that, in this instance, the thatch was the medium in which the poison was retained."

Communications.

ON ANÆSTHETICS.

By J M. Carnochan. M D.

Surgeon in Chief to the State Emigrant's Hospital, New York, etc., etc.

I desire to present through the pages of the Medical and Surgical Reporter a general statement of the facts respecting three surgical operations which I performed, using nitrous oxide gas, administered by Dr. Colton, as the anæsthetic, and my opinion on the value of this agent as compared with chloroform and ether.

The first operation took place on the 22d of last July, and was the removal of the entire breast, and glands of the axilla, for cancer. The patient, a lady in feeble health, was suffering from disease of the throat and lungs and general debility. In thirty-five seconds from the time she began inhaling the gas, she was in a profound anæsthetic sleep. She remained insensible for sixteen consecutive minutes, until the operation was completed, and in forty seconds, from the time the bag was removed, awoke to consciousness without nausea, sickness, or vomiting, as is so often the case with the inhalation of chloroform and sulphuric ether.

The second and third capital operations occurred at the State Emigrant's Hospital, on the 2d of December, and consisted of two amputations of the leg. The time required to produce an anæsthetic sleep in the first patient, a male adult, extremely debilitated and worn out by disease, was forty-five seconds; whole duration of the operation and influence, two minutes and a quarter. No nausea or unpleasant symptoms.

The third operation was on a boy of about 13 years of age. The time consumed in the inhalation, operation and recovery from the anæsthetic sleep was two minutes, the gas working equally as in the other cases, and the patient, after complete anæsthesia, awaking entirely free from unpleasant symptoms.

For minor operations, or for capital operations, such as amputations, which when properly performed should require but a few minutes, I have no hesitation in stating that the nitrous oxide gas, as an anæsthetic, is far superior to either chloroform or ether. Insensibility is suddenly produced, and the patient recovers consciousness quickly, the operation being attended by no nausea or sickness, and without the dangerous effects often incident to chloroform and ether.

It is worthy of remark that the nitrous oxide gas approximates, in its chemical combination, to the composition of the ordinary atmosphere, and we may thus, inferentially, account for its more favorable influence. Whether it can be used in operations which from their nature require from half an hour to an hour's time, remain still to be proved by actual experiment.

The duration of the anæsthetic influence in the case of the first operation, previously alluded to, is the longest on record; and I may here state that this is the first capital operation performed under the influence of the gas, since the great discovery of Wells of Hartford, twenty-two years ago, that a harmless sleep could be produced by a chemical agent, which could annul for the time being the greatest suffering. It is

not at all improbable that had Wells lived and had the boldness to follow up his early successful experiments, chloroform and ether would never have been thought of as anæsthetics.

To G. Q. Colton is due the credit of reviving the use of this important agent, in the practice of dentistry, after a lull of twenty-two years.

The value of a safe anæsthetic agent, which can be used without anticipation of danger by the patient, is a great boon to suffering humanity, and I have related thus minutely its action in my own cases, in the belief, that if similar favorable results are met with by others, the nitrous oxide gas will supersede all other anæsthetics now in use.

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. L. Parry, M. D., Resident Physician.

Gunshot Wound involving the Membranous Portion of the Urethra.

Oct. 11th, Jas. Y., æt. 32. The injury was received at the second battle at Bull Run. The ball entered on the left side near the junction of the scrotum and the penis. It passed upward, backward, and to the right, coming out nearly on a line with the spine of the ischium. There are now two sinuses at the point of entrance, through which the urine dribbles when the bladder is distended, and in the act of micturition. He can retain the fluid well for one half or three-quarters of an hour.

The ball lacerated the membraneous portion of the urethra, and probably some of the anterior fibres of the sphincter vesicæ, though the latter is not all destroyed, or there would be complete incontinence of urine. The consequent inflammation may have caused this, by partly paralyzing the muscle. On introducing the catheter there is resistance, with a rough feeling, and complaint on reaching the bulb of the urethra. General health of the man good.

Treatment.—Keep a catheter constantly in the bladder, and thus prevent any urine from passing through the sinuses.

Nov. 14th. This treatment was carried out, and for eight days not a drop has passed by the unnatural opening, and the sinuses are granulating and healing from the bottom. Still keep the instrument in.

Resection of the Metatarso-phalangeal Articulation of the Second Toe.

Nov. 11th, William D. Has had all the toes of the foot amputated, but the great, and the second. These are now pushed much to the outer side, and both forcibly extended with anchylosis of the metatarso-phalangeal articulation of the second which is very painful on the bottom of the foot, at the point of pressure. He cannot walk with any comfort. I do not like to amputate it, for even this imperfect toe is useful, if for nothing else than to support the other.

Hence I shall perform a conservative operation—making a V shaped incision over the metatarso-phalangeal articulation, with apex forward. Turning the flap up, the joint is exposed, and I now remove the extremities of both bones—the metatarsal and the phalanx—with bone forceps, and bringing the fresh surfaces together will allow them to unite. The toes being extended, the tendons going to both were divided. Dress the wound with ung. zinci ox., and put in a fracture box to keep the foot at rest.

Oct. 18th. The fracture box being uncomfortable, the part was supported by adhesive plaster, and covered with a poultice of cinchona bark.

Nov. 8th, is well, never having had a bad symptom.

Rectal Abscess.

Isaac M. æt. 43. Two weeks ago had an abscess by the side of the rectum, which broke, and is now discharging pus. These abscesses are important. They are very often symptomatic, and when you have them, always examine the other organs carefully. They are apt to be associated with tubercles in the lungs, when you must never operate for their cure unless forced to do so. If this is the case, do it by the ligature, and thus the system becomes accustomed to the change as the cure goes on.

It is now a very angry, ill-looking sore, very deep, irregular outline, and the edges overhanging nearly an inch. A careful examination shows no communication with the rectum. The sphincter ani is spasmodically contracted. Around the sore is a rim of hardened tissue, which will prevent its healing. The man is weak and prostrated.

Treatment.—Remove the edges with a knife, and cut a few fibres of the sphincter ani muscle—just enough to remove the spasm. Nick the hard edges, and dress with a yeast poultice. Build up with iron, quinia, and milk punch.

Ulcer in the Groin, and removal of an Enlarged Lymphatic Gland with the Ecraseur.

Oct. 14th, John F., æt. 25, a carpet weaver. Some time ago had a swelling in the right groin, which he thinks originated in the use of his foot and leg at his business. It was a sympathetic bubo below Poupart's ligament. It is now a very unhealthy ulcer, with irregular excavated edges. It is situated just over the femoral artery. Here again is the cartilaginous or thickened rim interfering with the healing process. Patient is weak and anemic.

Treatment.—Trim and nick the edges as in the last case—dress with a yeast poultice, and give iron, quinia, and punch.

Oct. 18th. The hardness of the edges much decreased. In the centre of the ulcer is a lymphatic gland, the size of a hulled walnut. It is very largely supplied with blood-vessels, and acts as a foreign body, preventing healing. Its removal is necessary, which may be done in three ways. First,—by the knife, in which case the hemorrhage would be great. Second,—by caustic,

which would prolong the process, and then its action might go too far. Hence, I will choose the third method, and resort to the écraseur. The gland is very deep, and there is considerable hemorrhage in handling. In the application of the instrument, I want to lift up the part. To do this, I use two large steel pins with bits of cork on the points. For the successful application of the écraseur it is very important to go slowly. Make one turn on the screw every minute or half minute. The removal was effected in half an hour, leaving a clean base, and without any hemorrhage. This is the method of employing the instrument in vascular parts, which is the special application of the écraseur. Continue the dressing of yeast poultice, with some of Labarraque's solution.

Nov. 18th. Is very much improved. After taking away the gland, the ulcer at once yielded to treatment, and is now two-thirds healed. The poultices were soon changed to stimulating dressings of permanganate of potassa. Edges still a little hard, and were incised in several places.

University Medical College,
New York, Dec. 4th, 1865.

Obstetrical Clinic of Prof. Chas. A. Budd.

Reported by S. Hendrickson.

Sub-acute Inflammation of Cervix Uteri, with Endocervicitis.

Mrs. S., æt. 24 years; has been married fifteen months. No children. Patient enjoyed good health previous to her marriage. Her general health is also at present good; appetite fair; bowels regular; monthly periods constant, lasting four days. She comes here complaining that she experiences pain during the act of sexual congress.

Now, a priori, upon what may this inconvenience depend? This pain during copulation may be dependent upon—first, *vaginitis*, which condition always causes violent paroxysms of pain on introducing anything into the vagina, even the finger in making a digital examination. Another cause is ulcerations in the vagina, around the carunculæ myrtiformes, from a failure of the hymen, lacerated in the natural way, to heal. Another cause is vulvitis. Other causes may be a general hyperæsthesia of the uterus from hyperæmia, or inflammation, or ulceration of the cervix. We very frequently find this hyperæsthesia at the time of sexual intercourse, associated with sterility.

On making a digital examination, there seems to be no soreness about the vulva or vagina, but the patient shrinks on touching the neck of the uterus. There is a slight disposition to retroversion of the uterus.

On making an examination per speculum, the neck of the uterus is seen to be the seat of a sub-acute inflammation, giving rise to endocervicitis, or catarrh of the neck. The pain, therefore, which the patient complains of, is due to this sub-acute inflammation of the cervix, and the sterility upon the endocervicitis.

(The case was now exhibited to the class. There was seen a thick, tenacious, albuminous fluid issuing from the cervix.)

Probably this inflammation may have existed for many months, and is not the result of her new relations. What is the cause of the cervical catarrh? All we can say is that it is a remnant of the detritus resulting from inflammation which has existed at an antecedent period.

One great obstacle to the success of our treatment in these cases is the continuance of sexual intercourse. Hence you can see the benefit to be derived in such cases by causing a temporary separation of the wife from her husband. We will treat this patient by scarifying the cervix, taking about half an ounce of blood, and then pass the saturated tr. iodine, by means of a probe tipped with cotton, to the os internum.

Menorrhagia.

Mrs. B., æt. 37 years; the mother of five children. Her youngest child is four years old. She nursed this child for fourteen months, during which time she was not unwell. After she ceased nursing, her courses returned and continued regularly up to June last, when they stopped. They did not recur again until September, when they returned, lasted two days, disappeared for a week, then returned again, when, the patient says, she had considerable flooding, at which time some lumps and shreds came away. She had great pain in the back and epigastrium, and *supposed she had gravel.*

She is now regular every three weeks, and the show continues four days, being very profuse. She has no leucorrhœa. Her bowels are costive.

What is the inference in this case? It is that the woman aborted when she was about four months advanced. Whether it was a true, or whether it was what is called a false conception, of course, we cannot say.

On making a digital examination, the first thing which I observe is a rectocele of small size, about as large as a walnut. The posterior lip of the os uteri is fissured. It has been lacerated at the time of some antecedent labor nearly up to the vaginal junction. The cervix presents a granular feel.

Having introduced the speculum, the only thing noticeable is the laceration of the left angle of the posterior lip. You will see that the anterior lip looks as if it had been ulcerated and had cicatrized, a difference in the shade of tint marking the seat of the ulcer.

With reference to the laceration of the posterior lip, it is to be remarked that, in women who have had many children, it is by no means uncommon to have a tearing of the mucous membrane at the time that the child is making its escape. But we ordinarily find the left side of the anterior lip the seat of the laceration, because the occiput of the child, in seventy-five per cent. of the cases, is anteriorly and to the left side. Probably this woman has given birth to a child with a left occipito-iliac posterior position. These lacerations are frequently the cause of subsequent ulceration.

What is the cause of this woman's menorrhagia? Probably it is from hyperæmia of the mucous membrane lining the body of the uterus.

Treatment. We will first treat this patient on general principles. Experience has shown that the topical application of cold is the best means of causing a contraction of the capillary tubes of the uterus, when they are in a state of congestion. We will direct this patient to inject the rectum every morning with a pint of cold water. We will also prescribe acid sulphuric. aromat., gtt. xxx. three times a day.

If this plan of treatment does not succeed, we will proceed to dilate the os uteri, and thus ascertain positively the cause of her menorrhagia.

Dec. 6th, 1865.

Medical Clinic of Prof. A. L Loomis.

Acute Phthisis Pulmonalis.

Eliza K., æt. 16 years, unmarried, native of New York city. Patient has brothers and sisters living, all of whom are healthy. Has lost two, one of whom, as she says, died from heart disease consecutive on rheumatism, the other from scarlet fever. Her father and mother are both healthy. Her grandfather on the mother's side died of phthisis. There is no consumption in her father's family.

Eight weeks ago, this patient came home from her work with a chill, which had been preceded by headache. This was followed by fever. She has had many chills since that time, but at no stated regular periods. She had no cough until three weeks ago, and no pain, except in her head, until within two or three days, when she has had some pain in her chest. She has lost flesh rapidly, and has had night-sweats for a week past.

The patient does not know that she took cold at the time she was taken ill. She has been confined to bed a considerable portion of the time, and says that she had fever most of the time, and that her tongue was dry and brown. Her physician called it *bilious remittent fever*. Patient has had no hæmoptysis, and but little expectoration until within a few days. She describes the matter expectorated as a tough white phlegm.

The patient, gentlemen, as you see, is very pale and anæmic, with a flush in the centre of the cheek, and is extremely emaciated. The eyes are retracted, but clear. Her respiration is frequent and hurried. The hands are unnaturally cool. The pulse is 120, and so small as to be hardly perceptible to the finger. The tongue presents no unnatural appearance. On inspection of the thorax, you do not observe any very marked degree of depression under either clavicle; a little more, however, under the left than under the right. Both sides of the chest expand, though less than normally—the right expanding a little more then the left. Vocal fremitus is more marked on the left than on the right side. Percussion shows marked dulness on the left side. By auscultation, I find that anteriorly and beneath the left clavicle there are gurgles, with cavernous respiration. On the right side anteriorly, there are mucous râles, with bronchial respiration. At the apex of the lungs, on both sides, the heart-sounds are heard very sharply, more marked, however, on the left side. Dulness on percussion on the left side is still more marked posteriorly than anteriorly. There is also dulness on the same side over the infra-scapular region. On auscultation, I find on the left side cavernous respiration still more distinct behind than in front; also broncho-vesicular breathing and mucous râles on both sides.

Our diagnosis, then, is acute phthisis. You have here a girl who, eight weeks ago, was, as she supposed, in perfect health. She was taken suddenly with a chill, which was followed by symptoms of typhoid fever. She had no cough until three weeks ago, and yet to-day she presents tubercular deposit in both lungs, which in the left has gone on to softening. Now, what was this patient's condition eight weeks ago? If you had then seen her, could you have detected the presence of tubercles? Perhaps not. But she then had, most certainly, a tuberculous condition of the blood, a condition which was already prepared for a rapid deposition of the tubercular matter. You will remember that I have told you that acute tuberculosis is, in the beginning, very frequently accompanied by typhoid symptoms, and that it may very readily be confounded with typhoid fever, and that it is frequently mistaken for that disease.

If you had seen this patient eight weeks ago, could you have saved her from this result? Probably not. Probably a year ago, by proper hygienic measures, the deposition of tubercles might have been prevented.

This, geetlemen, is a characteristic case of acute tuberculosis. Usually, from eight to ten weeks will end the case. We will do what we can for this girl, but all that we can do will probably, almost certainly, accomplish nothing in the arrest of the disease.

Hypertrophy of the Heart. Aortic Obstruction, with Dilatation of Ascending Aorta.

Wm. McI., æt. 9 years. The mother says that she has three other children living. She lost five children of cholera, in 1853, on the ship New York, in coming to this country. She has lost no children from phthisis. There is decline in her mother's family. This boy, his mother says, has labored under his present disease since he was six years old. He always had a short cough. He is short of breath on going up stairs, and soon gets tired when playing. He does not sleep well at night, but is restless. He lies on his back, and sometimes wants his head raised in bed. He is getting worse. Has more difficulty in breathing, and gets cold more easily.

On inspection of the thorax, gentlemen, you see that the child has a poor development. There is a prominence over the præcordial space, and the apex-beat or impulse is diffused, and seen further to the left than natural, being about one inch to the left of the nipple. On placing my hand over the apex there is communicated a purring impulse. This purring impulse is felt

all over the epigastrium. In the second intercostal space, just at the right of the sternum, I feel a thrill more distinct than at any other spot. On percussion, I find more dulness on the right than on the left side.

On auscultation with the stethescope, I perceive a very loud harsh murmur, following the first sonnd of the heart, heard with the most intensity at the junction of the third rib with the sternum on the right side, at which point it is really painful to the ear.

Our diagnosis, then, in the first place is *hypertrophy of the heart*; 2dly, aortic obstruction; and 3dly, from the dulness on percussion on the right side, and from the thrill, I conclude that there is dilatation of the aorta, and perhaps a true aneurism.

University of Maryland,
November, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Injury of the Foot; Amputation.

Boy, 17. A few weeks ago, this boy met with a serious accident by getting his foot caught in a threshing machine. The integument was much lacerated and the bones fractured. As it was evident that the reparative process would not be sufficient for the restoration of the parts to their normal condition, we amputated the foot by a modification of Hey's operation, making an anterior and posterior flap, and sawing through the bones and cartilage a short distance behind the seat of the injury. I made an eliptical incision on the anterior surface, and took the main flap from the palmar surface, and paid no attention to the articulations. By so doing we avoided a tedious dissection and the ragged surface which is so often left by the usual mode. Pirigoff's operation is on this plan. In this case the wound looks well and is cicatrizing slowly. He sleeps well, appetite good, general health good, bowels regular. We will order a lotion of

℞. Zinci sulph., gr. v.
Aquæ, f.℥j. M.
Dress with Turner's Cerate.

Gun-shot Wounds.

1. Man, 27. Shot last night by a pistol. The ball entered on the posterior surface of the right shoulder. and now remains in the wound. It would be improper to probe this wound now in search of the ball, because the parts are very sensitive, and it would be productive of much pain; when suppuration is established we can do so more easily, and even if it is not removed it will not interfere much with the progress of the case. Gun-shot wounds often do as well as other wounds, and the old practice of making incisions is improper until some symptoms arise indicating their necessity. Not generally very painful, they produce a shock but not much pain, because the parts are pulpified and the sensibility destroyed. We will order a simple cataplasm applied for a few days.

Nov. 25. This wound is now suppurating healthily, and we will introduce Nélaton's probe to see if we can find the bullet. (Part of it was found and extracted.) It is probable that it struck against the scapula and was divided and part glanced off, and it is impossible to tell where it is now. There is no loose bone, but some portions are denuded and rough. We will continue the dressing.

Nov. 29. Irritation nearly all ceased; hurts him some, especially in the arm, and he says he has no power over it; no injury to the brachial plexus; suppuration healthy.

Dec. 16. The arm red and swollen—a good deal of inflammation has taken place; this is an uncommon result. Some fluctuation detected on the anterior surface of the arm about three inches below the shoulder, and on introducing a lancet pus escaped. Apply a poultice over the incision and let it be frequently renewed. All we have to do is to allay irritation; if much pain, give an anodyne. Let the bowels be kept open.

2. Man, 30. Wound of right thigh produced by a pistol. Too low down to have injured the artery; might have touched the popliteal nerve, but did not, as the sensibility is natural in the lower part of the limb. You see here the difference between the two openings—that of exit is ragged, because there is no support. There may be some portions of dress in the wound, but it would be improper to probe for it, as the natural tendency will be to escape and it will be forced out. Not much inflammation. Good surgeons do not amputate for these wounds, even when there is compound fracture, unless the main blood vessels are injured, for by support of the limb and proper treatment they often get well, and are less dangerous than amputation. We will use cold water dressings in this case, and recommend quietness.

Fracture and Dislocation.

Man, 32. This man met with a severe injury by a bank falling in upon him. Both legs are fractured and his shoulder dislocated. One leg is much more badly injured than the other. We will reduce the dislocation and confine the arm in proper position by a bandage. To the badly fractured tibia we will apply the anterior splint; on the other leg a pasteboard splint will be used.

Dec. 20. Case progressed finely, and we may remove the splints from the limbs as they no longer need their support.

Abscess.

Boy, 18. This is an abscess in the part but not of the part; that is, the matter formed in the hip-joint descended under the fascia. This originated in hip disease. We often see matter descending under the parts in this way, and it sometimes requires considerable tact to discover the fluctuation and give vent to the matter. We open this, and allow the pus to escape—it is ill-conditioned and contains lumps. Apply a compress and spica bandage. This is of the same nature as psoas or lumbar abscess. Matter accumulated in the hip-joint, occasions terrible pain. It has been recommended, though it is rather hazardous, to incise the capsule and allow the matter to escape. In regard to the knee-joint there is no doubt about the propriety, but there

are serious objections to pursuing such a course with the hip on account of its deep seat and the difficulty of maintaining efficient drainage. He has cramps in the muscles; appetite poor.

℞. Vallet's pil., gr. iij.
Quiniæ sulph., gr. j. M. Pil. j.
Give three times a day.

If bowels are costive, give rhubarb, and apply a roller to the foot and leg. Foot swollen on account of tumefaction impeding the return of the blood and also inactivity. Sustaining diet.

Fracture of the Femur.

Child, 3. This femur was fractured some time ago and is now united. The child is brought here because the thigh is not precisely straight. I could break up the callus. If much deformed I would do so, but here there is no kind of necessity of doing anything. A splint and bandage would do no good. In three years no defect will be observed. Take it home and keep it quiet.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Meeting, December 20th, 1865.

Dr. Anderson, in the chair.

Tsa Asin.

After the ordinary business proceedings and presentation of reports, Dr. Garrish presented to the Academy, for reference to the proper committee and test by the members, a new remedy, used extensively by the Chinese in the treatment of suppressed catamenia, and said to be very efficient. It had been furnished him by Mr. Albert Dung, apothecary of this city, who had been put in possession of a quantity of the article. Dr. Garrish and others had tried it in their practice, with very good result. The article consists of the powdered leaves of the *Tsa Asin* of the Chinese—botanically the *Rynchosia excavata*.

Posthumous Papers of Dr. Cammann.

Dr. Leaming, who had been appointed to bring before the Academy a notice of the unpublished papers of the late Dr. Cammann, then gave a sketch of the writings of that gentleman, some of which were read. We only give some of the main points of interest, without reference, however, to the extensive tabulated statistics which these papers contain, and which can only be appreciated when printed in full, which, it is hoped, will be done in such a shape that they may reach the whole profession of the United States, containing the practical views of one of the closest observers and most rigid thinkers who ever cultivated diseases of the heart and lungs, and their diagnosis by auscultation and percussion, and who initiated auscultatory percussion.

Sanguineous Congestion of the Lungs.

In a paper under this head, Dr. Cammann gives the peculiarities of this somewhat rare and not well understood disease, illustrating it by cases. We give the synopsis of one—the most interesting:

It occurred in a young woman, who was taken in the evening with a chill, accompanied and followed by intense dyspnœa. During her struggles for air, the lungs were ruptured at one point and emphysema occurred, with the escape of air into the cellular tissue over the whole thorax, shoulders, and upper extremities, so much so, that in order to feel the radial pulse in the morning, the air had to be removed first from under the skin by pressure and squeezing. Percussion gave a dull sound throughout—respiratory sound absent. The surface of the body was cold and blue.

She was treated by frictions with cayenne pepper, leeching over the lungs, and internally calomel and James' powder. After twenty-four or thirty-six hours, breathing became easier, her general condition much more favorable, the respiratory murmur gradually returned, accompanied by subcrepitant and sibilous râles, when a moderate venesection was practised, and convalescence was rapid.

One of the features of sanguineous congestion of the lungs, is the suddenness of the attack of persons in ordinary health. Cold and exposure to wet seem to be the immediate cause—hence the chill; the respiration is frequently slower and always incomplete; the pulse, as in pulmonary apoplexy, appears little affected. Cough is entirely absent or trifling; the tongue moist; renal functions natural; bowels constipated. Pneumonitis generally succeeds, if the patient recover; but there is always danger of delay. Percussion, from the commencement, shows marked dulness, equal to that of hepatization, while the respiratory murmur is scarcely heard, while there is an increase of the blowing sound and the occurrence of subcrepitant râles.

An Unfinished Paper to Aid the Diagnosis and Prognosis of Pulmonary Cavities.

Contains many observations and hints of great value. It is sometimes very difficult to determine the existence, extent, and precise location of an excavation in the lungs. As to the physical examination, the excavation does practically not exist at times, being filled with fluid, and the absence of respiration and dulness over a cavern so filled, may be equally owing to consolidation of the lung. In such cases, change in position of the patient, by which the fluid with which it is filled is made to escape, and examining the patient in the evening, will often succeed in establishing the existence of a cavern by the physical signs, when previously it was only deduced from the rational symptoms. The difference in the *size* and *pitch* of the bursting bubbles will determine the size of a cavern. If the bubbles be large and of low pitch, the cavity is large; if of high pitch and small, the cavity is less extensive in proportion. The form of the cavity may be fully determined by auscultatory percussion. The existence of several communicating cavities may be detected by the length of time in which the bursting bub-

bles are heard, relatively, in the cavity nearest the communicating bronchus and the other cavities more remote. The same acoustic principles will enable us to determine the mode of connection of cavities with the bronchi and bronchial tubes.

In tubercular patients, with cavities, there is a great difference regarding the frequency and violence of the cough in different positions and at different periods of the day. These differences depend entirely upon the relation of the communicating tube to the cavern, and a study of these relations gives valuable practical information to the practitioner.

For instance, one patient coughs whenever he is sitting or standing erect, or in any position except the recumbent. In this case, the communicating bronchus opens into the cavern at a point which allows the escape of fluid into the bronchus in every but the recumbent position.

In another, the discharge takes place only in the erect position, owing to a different point of communication of the bronchial tube with the cavern.

In a third case, the discharge continues when reclining, but ceases when the patient is in an erect position. Here the tube communicates with the cavern in a direction from the latter upward and backward.

Then, similar varieties are observed, due to the same causes of relative position of tube and cavern, in the positions of right and left. A study of these varieties will give much aid to the physician in advising his patients to find relief in a proper change of position.

Measurements of Hearts.

One of the most interesting of these papers is that of measurements of the heart at different ages, to determine the relative growth at different points of the heart. From numerous measurements and experiments, many of which the author made in conjunction with Prof. Alonzo Clark, he comes to the decided conclusion that the assertion of Bissot, that the inter-ventricular septum grows more in proportion to other portions of the heart during early life, is based entirely on delusive observations. Bissot had mistaken post-mortem conditions for appearances during life. These experiments and observations have shown that the interventricular septum is from its peculiar relation to the left coronary artery, very readily injected—much more readily than the other, especially the right side—and Bissot took the relative fulness of the interventricular septum, due entirely to vascular injection, as proof of relatively larger growth of this part. When the parts are completely washed out and relieved of the injected fluid or blood, it is found that the development of the heart takes place equally in all its parts, as age progresses.

Active Expansion or Passive Relaxation of the Heart during Diastole?

In this paper, which is a gem of close physiological reasoning, Dr. Cammann gives his reasons elaborately why the heart does not undergo active expansion during disatole, but is simply subject to passive relaxation, like any other muscle, after contraction.

In concluding this resumé, we cannot but again express our earnest hope that the New York Academy will publish all these papers in a sufficiently large edition to supply the demand of the profession, who, we know, will be eager to buy these posthumous records of one of the ablest physicians of the United States, certainly one of her most profound students of diseases of the chest and lungs, and a logical and impartial reasoner. L.

Editorial Department.

Periscope.

Experimental Investigations into the Actions and Uses of the Bromide of Potassium.

Professor Roberts Bartholow of Cincinnati, read a paper before the Academy of Medicine of that city, on the actions and uses of bromide of potassium. His investigations, which were experimental and extensive, had in view the chemical properties, physiological effects, and therapeutical uses of the article. The physiological effects are summed up as follows:

1. It proves irritant in large doses to the mucous membrane of the stomach.

2. It is rapidly absorbed into the blood, and may be detected soon after in the urine.

3. It acts upon the nervous centres, producing sedation, sleep, reduces the action of the heart and arteries, lowers the temperature, and diminishes the retrograde metamorphosis of tissue. This is the most immediate action of the remedy. Its physiological effects, under prolonged administration, are:

1. It diminishes, and ultimately, entirely neutralizes the sensual appetite.

2. It produces weakness of the muscular system.

3. It is irritant to the stomach if given in considerable doses, and

4. It interferes with the secondary assimilation, lessening the retrograde metamorphosis of tissue.

Regarding its therapeutical uses, they are considered in its action as a *disinfectant* and *deodorizer*. As a deodorizer it may be employed in ozœna in the proportion of one part to six of alcohol and water, to correct the fetor and act as a gentle stimulant; also in offensive vaginal discharges, and in foul abscesses. It may be injected into the cavities by means of a glass syringe.

As an *escharotic*, pure bromide may be applied to the diseased surface. It occasions the death of the part, but the resulting eschar is quite superficial. As an escharotic, it is indicated in sloughing and gangrenous ulcers, in phagadenic chancres, hospital gangrene, epithelioma. In callous ulcers of the leg, rodent ulcers of the

fauces, syphilitic fissures of the tongue with indurated edges, syphilitic condylomata, warts or excrescences, and in indolent venereal ulcers, it may be applied pure, or more or less diluted with ether or alcohol, according to the special indications in each case.

As an *internal* remedy, its successful administration in the case of rattle-snake poisoning has been long known. In diphtheria and membranous angina, it has been employed with benefit, locally in solution and by inhalation, and administered also by the stomach. Recently it has been used internally with good results in camp dysentery.

Dr. Bartholow confirms the views advanced by Durham of England, and Hammond of New York, in regard to the *hypnotic* effect of bromine. It is not to be used in cases where opium is indicated, nor where the insomnia is depending on cerebral congestion or disease. It is indicated as a hypnotic, however, in states of nervous excitement, without congestion of the nervous centres; in hysterical insomnia; in delirium tremens; in the insomnia of excitable business men, or in general terms, in those forms of insomnia dependent upon excitation without increased blood supply.

The author treated six cases of delirium tremens with bromide of potassium. Thirty or forty grains were given in the evening in divided doses; during the day milk and beef tea, and a small quantity of wine and water, or whiskey and water, as a *placebo*, merely. The average duration of these cases was three days. The bromide invariably produced sleep from three to eight hours during each night of its administration. All the cases recovered. The bromide may fail of its hypnotic effects in delirium tremens, where there are organic lesions of innervation by inflammation and its products, or by active sthenic congestion. Such an exception must, however, occur rarely, as this disease is very constantly a state of excitation without power. It is important to withdraw the stimulant to secure the most favorable results. In Dr. B.'s cases a small quantity of wine was given, merely as a *placebo* to allay the patient's fears, on account of the sudden withdrawal of his accustomed stimulant, but not sufficient to act upon his nervous centres and produce congestion.

As a *sedative* its good effects are frequently most conspicuous in epilepsy, dependent upon functional derangement of the sexual system. In spasmodic cough, accompanying diffused catarrhal bronchitis of several months standing, it was used with success; in asthma, irritable larynx, not due to specific causes, it is frequently beneficial. It has also been used with excellent results in uterine and ovarian irritation, in priapism, in irritable bladder and gleet, especially in the two latter. In the chordee of gleet it is more useful than in that of acute gonorrhœa, or in the irritable bladder of cystitis and calculus; occasionally, however, it is beneficial in these conditions, and always palliative.

In irritable uterus and ovaries it will relieve many of the most distressing symptoms, and often prove curative without the addition of any other remedy.

As an *anaphrodisiac* the uses of this drug are fully established. In cases of *spermatorrhœa*, Dr. Bartholow combines with the bromide ergot and belladonna, and he speaks with confidence of the great value of this plan of treatment.

Dr. Bartholow concludes his able paper with the following conclusions:

1. The bromide of potassium acts by absorption into the blood.

2. Its effects are expended upon the nervous centres, or the cerebro-spinal axis.

3. Sedation of the heart and circulation, and the various local sedative effects are secondary results of the impression made upon the nervous centres.

4. Its physiological effects are not very decided, and are easily modified by any local disturbance.

5. Its therapeutical action is still more decidedly influenced by local morbid processes.

6. It is indicated where a sedative to the nervous system is required—in insomnia; too great reflex excitability; nervous and spasmodic affections of the larynx and bronchi; sexual excitement, and in an irritable state of the sexual organs.

7. It will be effectual in the foregoing conditions, in proportion to the degree in which structural lesions are absent, or in other words, in proportion to the degree in which these morbid states are functional rather than organic.

Heroic Doses of Acetate of Lead in Uterine Hæmorrhage.

At a recent meeting of the Medical Society of Southwestern New York, the proceedings of which are recorded in the *Buffalo Med. and Surg. Journal*, Dr. C. K. Irwin, of Dunkirk, read a paper on "Acetate of Lead in Uterine Hæmorrhage in Heroic Doses." He recommends its use in doses of one, two, or three drachms, which, he states, are as free from danger as if given in doses of so many grains, and with the effect of controlling the hæmorrhage, completely, in an instant. Dr. Irwin, in his practice, has always used the acetate of lead in these large doses, without having lost a patient from hæmorrhage of the uterus. It is not necessary to confine its use to cases of full period, or where the placenta has been delivered, as its action will be to cause immediate expulsion of the contents of the uterus, and it can be used in cases of violent hæmorrhage from polypus, hydatids, abortions, retention of placenta, or almost any case requiring prompt and heroic action for the suppression of uterine hæmorrhage, except in cases of placenta previa.

Varicose Veins.

In a recent number of the Reporter we had occasion to quote the favorable experience of European surgeons in the treatment of varicose veins by the injection of a solution of persulphate of iron. We can now add the testimony of Dr. J. F. Miner, Surgeon to the Buffalo General Hospital, who relates his observations regarding this treatment in the *Buffalo Medical and Surgical Journal*, edited by him. He uses the officinal solution of the persulphate of iron, in the proportion of one drop to about ten drops of

water. Injections may be made at different points. Immediate coagulation of the blood is produced, the vessel contracts, soon becomes a mere cord, while the blood circulates through the smaller and deeper vessels. As to the objections raised against the operation, because of liability to induce extensive ulcers, the solution being thrown into the cellular tissue around the vessel, or by danger of inflammation of the veins, Dr. Miner states that, if the vessel is opened down upon with careful touches of the scalpel until its blue walls are plainly exposed, the point of the syringe carefully introduced into the vessel and nowhere else, and if the solution is reduced and not used stronger than above stated, not one of the objections can be sustained. Practised properly, it is invariably successful and satisfactory.

Reviews and Book Notices.

NOTES ON BOOKS.

Tanner's Practice of Medicine.*

A fifth edition of this work, published in London, has just been reprinted by Lindsay & Blakiston. The book has grown, almost like an oak from an acorn, since its first issue as a pocket *manual*. There is a great deal of useful knowledge in it; few treatises on Practice have more, whatever their bulk. Dr. Tanner is a careful, skilful and industrious compiler, and not without experience of his own. All medical men do not read the facts of clinical experience just as he does, however; and the *principles* of *treatment* taught by him are, to speak safely, questionable.

Conservatism, as well as progress, has its martyrs; and the writer of this notice risks being one of them, in dissenting, at the present hour, from the following *dicta:*

"It is to be feared that the remedies of the *antiphlogistic regimen* still find favor with some practitioners; but I cannot help thinking that the more closely disease is studied, the smaller will become the number of the upholders of these devitalizing agents. My reasons for this opinion are—that when an inflammation is established it is not possible to cut it short; that general bleeding, unless carried to a dangerous extent, will not sensibly diminish the amount of blood in an inflamed part; that bleeding will not render an impure blood pure; that depressing agents favor the extension of the morbid action, and deprives the system of the power of rallying from the effects of the disease; that in many instances of inflammation there is depressed nervous power, and impaired action of the heart; and that in all cases a lowering plan of treatment is found to be very badly borne in the present day, whatever may be said to have been the case in former times." P. 82.

We shall not review all this ground at present; but dare only to say, that we are satisfied that many an inflammation *may* be cut short, and many more modified and made much less dangerous by treatment; that general as well as local bleeding is one of the safest as well as most effectual means for this in a certain number of constitutions and cases; and that however the now prevailing current of medical opinion may to a large extent set it aside, the lancet can never be permanently banished from practice, but will in the next generation resume its place, not for abuse, nor even for the almost promiscuous use made of it in the last century, but as still one of the most important of known remedies.

A few words more from Dr. Tanner, following one of his leaders, Dr. Bennet of Edinburgh:

"At the same time that bleeding as an antiphlogistic remedy should be rarely if ever practised, it may be remembered that a small loss of blood may often be beneficial, particularly in relieving excessive pain, and in moderating attacks of dyspnœa due to some obstruction in the heart or lungs." P. 87.

If bleeding, general or local, can do this, the same *rationale* precisely suffices to explain and sustain its utility as an "antiphlogistic remedy." A great deal is conceded in Dr. Bennet's teaching on this point.

Dr. Tanner is also fully "advanced" in his adoption of the late Dr. Todd's brandy (Todd-y?) treatment for "all acute disorders." (P. 86.) Thus:

"Daily observation for a long time past has forced upon me the conviction that wine and brandy not only diminish the mortality of disease, but likewise lessen its intensity, and leads to complete restoration with the intervention of only a short convalescence."

This last sentence is sound enough by itself, supposing it to apply to a certain minority only of cases in practice. But our author applies it sweepingly, just as Dr. Todd did, without qualification, to *all acute disorders.* This is advancing, like the piper of Hamelin, into the ground. Stimulism confounds three propositions; one, that all disease involves debility; another, that all kinds of debility are to be treated by stimulation; a third, that alcohol is always the safest and best stimulant. We venture, defiantly, to admit the first, and to deny the universality of the truth of the second and third; and in this we *bide our time.*

Dr. Tanner's book, however, apart from its therapeutical doctrines, is full of good matter. He gives, succintly, an account of all diseases properly treated of in such a work; and is unusually full and clear in his consideration of some of them. His list of topics or heads is as follows. I. General Diseases. II. Fevers. III. Venereal Diseases. IV. Diseases of the Nervous System. V. Diseases of the Organs of Respiration and Circulation. VI. Diseases of the Thoracic Walls. VII. Diseases of the Alimentary Canal. VIII. Diseases of the Liver. IX. Diseases of the Pancreas and Spleen. X. Diseases of the Abdominal Walls. XI. Diseases of the Urinary Organs. XII. Diseases of the Female Organs of Generation. XIII. Diseases of the Skin. XIV. Diseases of the Appendages of the Skin, etc. XV. Diseases of the blood-vessels. XVI. Diseases of the Absorbent System. Appendix of Formulæ.

* *The Practice of Medicine.* By Thomas Hawks Tanner, M. D., F. L. S, Member Royal College Physicians, etc., etc. From the *Fifth* London edition; *enlarged and improved.* Pp. 835. Philadelphia: Lindsay & Blakiston, 1865. *Price,* cloth, $6; sheep, $7.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 6, 1866.

VOLUME FOURTEENTH.—SALUTATORY.

The fourteenth volume of the Medical and Surgical Reporter begins under the most favorable auspices. It has passed through the dark days and terrible trials of the past five years, being most wonderfully sustained by the profession when it appeared, at times as if it must give way under the pressure of high prices and the inability to call to our assistance the requisite literary aid to lighten our own labors and to give variety and animation to its pages. As a result, the profession are showing a confidence in our enterprize which effectually removes all doubts as to its future. As an evidence of this, we need but refer our readers to the "communications received" for the past several weeks, as found on the second page of the cover. The promptness with which so many subscribers have renewed their subscriptions has given us the means to begin the new volume with a vigor which will command an increased patronage and secure to us, beyond peradventure, the means to add still further to the literary value of the Reporter. Where formerly Medical Journals counted their subscribers by hundreds, we count them by thousands, all over the United States, the British Provinces, and elsewhere.

Two of the grand objects that we have had in view in our endeavors to establish this journal are to give to the medical profession of America *a first-class medical periodical of frequent issue*, its literary department sustained by the pens of the best writers and teachers in the profession, *who are properly remunerated for their literary labors*. It is a shame that, hitherto, writers in all departments of literature, except that of our profession, could command a fair remuneration for their labors, while medical men were expected to employ their pens for the benefit of publishers rather than themselves.

Weekly Medical Literature is now as firmly established in this country, as it has long been in Europe. And as in Europe, so it is destined to be here the Leading exponent of everything which pertains to the interests of the Profession, the advancement of Science, and the sanitary welfare of the Public.

The number of that class of physicians, who "pooh" and "pshaw" at periodical medical literature is becoming smaller from day to day. The profession feel that Weekly Medical Journals are a necessity, as their frequent and copious issues alone can adequately work up the rapidly accumulating results of modern investigation. They have become as indispensable to the practitioner who wishes to keep himself informed of the progress of science and the interests of the profession, as are market-reports to the merchant.

The only way to secure first-class medical literature and drive the wheels of progress in our science onward, is to properly remunerate writers and investigators for their labors, and thus give them the means to prosecute their studies and researches. Let the medical profession cordially sustain an *independent medical press*, and it will be the surest means of elevating the medical literature of our country, and of giving medical writers and investigators the remuneration which other departments of literature command. Medical men have been paid four or five times as much per page for their contributions to the literary magazines of the country, than could be obtained for the best scientific communications from the conductors of our leading medical periodicals. We believe that the profession will be served best in this respect by their brethren, and that they will therefore be the gainers by giving a liberal support to those enterprises which are entirely in the hands of medical men.

While the Reporter has not accomplished all it desires or expects to, in the way of remunerating medical writers, we think we are safe in claiming that it is now paying for literary material for its pages much more than has ever before been paid in this country. Let the profession give us the necessary pecuniary support, and we will be enabled still more liberally to remunerate our collaborators, and improve the quality and quantity of our literary material in proportion.

We are organizing an editorial corps on the basis of remunerated labor, which we hope to complete this year. Our long connection with medical literature, has made us familiar with the best writers of the country, and we shall, as fast as possible, secure their pens, in spite of any competition. For the present, we have secured the services of one of the most accomplished editors in the country, as

Resident Editor for New York City,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the Academy of Medicine, and the Pathological Society, will appear regularly in our columns. The discussions before these societies are participated in by the *principal*

Physicians and Surgeons of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

General Editorial Management

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

Review Department of the Reporter.

New works of importance will be *fairly and independently* reviewed at moderate length, but a large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

In view of what has already been accomplished by the Reporter, and of the announcement made above, we shall expect our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving their own best interests, as well as those of the profession generally.

☞ Dr. George Derby, Bv't Lt. Col. and Surgeon U. S. Vols., Augusta, Me., requests us to state that the account of an operation said to have been performed by him upon a citizen of that town, and which was noticed in the Reporter of December 16th, is unauthorized by him, and entirely untrue.

The item was copied from an Augusta paper, and it is singular that it should have been published without any foundation in truth.

NEW YEAR.—ONE THOUSAND EIGHT HUNDRED AND SIXTY-SIX.

A Happy New Year to our readers all, from the St. Lawrence to the Gulf, from the Delaware to the Pacific; and the greetings of the season also to our cotemporaries in the United States, the Canadas, and across the Atlantic. May the year just begun be one of prosperity—may "peace on earth and good-will to man" be the inheritance which it shall leave to those that are to come.

These returning seasons, which to mankind generally afford relief and exemption for a time from the business and the cares of life, bring to the physician neither rest, nor a moment's repose from the duties and responsibilities of his profession. His work of relieving the sufferings of his fellow-men, and of brightening the gloom and anxiety of the sick-room with the hopes and blessings that science can bestow, goes on silently and unnoticed by the shouting, merry-making crowd. The "work, work, work," is his New Year's greeting, as he plods from the palaces and mansions of the rich to the huts and hovels of the poor.

Yet, if his calling often excludes him from the rejoicings of holidays and festive seasons, he carries within him, if he be true to himself and inspired by the sentiments which a sublime science engenders, pleasures higher, nobler, and purer than these ephemeral outbursts of popular pleasure can yield. The consciousness of doing good, of belonging to the great brotherhood of a science which has achieved so much for humanity, and is destined to achieve still more, of being a co-worker in the great study of nature and man, are more than a recompense for the relaxation from work and relief from care, which he has to forego. At least, if inspired by these sentiments, he will feel happier and bear easier the burdens of his calling, than he who measures the value of his profession according to the amount of dollars which it brings to his pocket, and the means of ordinary enjoyments which it yields to him, who is a physician in name, but a quack in spirit, who has never felt the truth that medicine is "Clinical Christianity."

Good resolves are never more appropriate than when we enter on a new year, and, while we mutually congratulate each other, let us determine, individually and collectively, to do our whole duty, so as to make ourselves more useful, elevate the profession, and advance the science of medicine throughout the United States.

MEDICAL ORGANIZATION.

The first medical *event* of the year upon which we have just entered, will be the *one hundredth anniversary* of the Medical Society of New Jersey. It will be an occasion of mutual congratulations and rejoicings of the profession of that State. But the influence which an event of this kind is calculated to exert, if its importance is properly appreciated, passes beyond State lines, and will make itself felt beyond the delegations which will be present on the occasion.

The profession has not been sufficiently awake to the importance of *thorough medical organization*. By far the larger number of County organizations have but a nominal existence, meeting, perhaps, but once or twice a year, and their connection with the State Societies is not kept up in a manner calculated to secure a permanent mutual interest. On the other hand, one of the most frequent complaints made, when the inefficiency of medical organizations is the topic of remark, is, that generally the active work is left to a few, a *very few*, while the mass of the profession leave matters to take care of themselves. Through such lukewarmness and neglect, after a while, the proceedings and actions of Societies become naturally and unavoidably stamped with the impress of the few active members, and if they represent *persons* more than the profession at large, it is not the fault of *the few* active men, but of the indolent *many*.

This apathy of a large number of medical men toward medical societies is inexcusable. Every physician has duties to the profession. It is not sufficient that he appropriate to himself all the wisdom, learning and experience, which the profession has by these very means of medical organization accumulated, and disseminated by publication, but it becomes his imperative duty to give to others the results of his own wisdom and experience. Nothing, too, contributes more to sharpen the faculties of the mind and cultivate a spirit of investigation, than the *mental attrition*, which is one of the features of medical organization.

Again, the relations of the profession and of the public, as far as the interests of the latter demand legislative action for the protection of health, and against the mischief arising from an indiscriminate permission of all sorts of quacks to practice medicine, are such, that we can never expect any sensible legal reforms or restraints, unless such measures are pushed and pressed upon the common sense of the public with all the energy of perfectly *united effort*.

Occasionally, too, personal likes and dislikes are allowed to enter with undue weight to disturb professional organization, and give rise to dissensions, break up concert of action and mutual good feeling. Such should not be the case. Therefore let us all endeavor during the present year to instil new life into medical organization —County, State, and National, and the independent local Societies of our larger cities.

Notes and Comments.

Contemporary Biography.

The Reporter was long ago committed to the publication of biographical sketches of living medical men. We thus, many years ago, published sketches and steel engraved portraits of the Presidents of the American Medical Association, which were well received. Churchill, of London, is now issuing a series of beautiful photographs and biographies of living medical men.

We have just completed a series of biographical sketches of distinguished living New York Surgeons, which is now in the hands of the binder, and will soon be issued in neat book form, with a fine steel engraved portrait of the distinguished Dr. Mott.

Responsibility of Physicians.

Under the above caption the *North Western Christian Advocate* has the following:

"Physicians follow the current, and prescribe strong drinks for almost all ailments. For the nursing mother—ale, porter, lager; for the baby—gentle stimuli; for diseases of the throat, thorax, liver, bowels—old Bourbon; for general debility—old Bourbon and lager; for cholera symptoms, such as headache, toothache, pain in the back or limbs, laxness or constipation, paleness or redness of the face, cold or hot hands, the prescription is—proof brandy. And this custom of the doctors is creating, fostering, and fully developing a taste for strong drink, which yields a frightful harvest of drunkenness. It is time for a crusade against the crying evil. The old doctrine of total abstinence from all that intoxicates must be restated, reproved, and reapplied. Physiology and pathology must give their testimony; the press must be active and intelligently faithful; the pulpit must give its warning; in short, every legitimate agency must be employed to awaken the public conscience and correct the public taste, as well as to enlighten the public judgment. The vail of social drinking must be lifted, despite the 'Dear me's!' and 'O shocking's!' of the venerable Mrs. Grundy."

All very well said, but we would like to see a copy of the *North Western*, and count the number of quack advertisements of "bitters" and other nostrums—which are often largely composed of bad rum—it contains. If it does not offend de-

cency and public morals in this way, it is more than can be said of a majority of the religious press of the country. Send us a copy and let us see!

Diphtheria.

In a communication, Dr. Bailhache, of Springfield, Illinois, says, "The local application of a solution of persulphate of iron (*Liquor Ferri persulphatis*) in cases of diphtheria and ulcerated sore throat, acts almost as a specific in arresting the ulcerative inflammation of these two alarming diseases. It should be applied undiluted by means of a probang (or a rag securely fastened upon one end of a bent stick) immediately to the ulcerated patches or sloughs. Two or three such applications, together with the usual tonic treatment, will restore the parts to a healthy condition in twenty-four hours."

Correspondence.

DOMESTIC.

Gun-shot Wounds of the Femur.

Editor Medical and Surgical Reporter:

In your report of the November meeting of the Pathological Society of New York, I find some remarks on the subject of gun-shot wounds of the femur. A few facts from my case book I think *apropos*.

From all cases of gun-shot fractures of the femur, received in hospital No. 4, Chattanooga, Tenn., following the Mission Ridge fight, eleven were placed in the best ward of the hospital, under the care of an experienced surgeon, with a view to a full report of the treatment and final result of each case, as a wide difference of opinion existed at that time among medical officers in regard to the propriety of amputation in such cases.

These men were all wounded on the 25th of November, and admitted on that or the next day.

In five cases all *spiculæ*, or pieces of bone, etc., were removed as far as could be done with the aid of forceps, without enlarging the external opening. In three cases the opening through the soft parts was enlarged so as to permit the fractured bone being turned out, and the rough ends of the fracture sawn smoothly off and the parts returned. In the other three nothing was done, save to place the limbs, as were all, in a proper position and support them with appropriate splints.

The local treatment was water-dressing and injections of tincture of iodine when the discharge became offensive. The patients had nourishing diet with tonics and stimulants after the acute symptoms passed off.

On the 19th of December, nine of these cases (two having died the week before) came under my care; and on refering to my ward book I find that six of these died in two weeks, and the remaining three in four weeks after they came into my charge.

On post-mortem examination more or less ossific deposit was found around the fractured bones of four cases. In two cases cartilaginous union had taken place, and in the other cases the parts were a mass of gangrene. In these cases hemorrhage occurred which hastened the fatal result. The others all died with well marked pyæmia.

Sequestra were found in three cases only.

While in charge of the College Hospital at Murfreesboro, Tenn., I had three cases of this fracture. In one case union appeared very firm, and the man went about the ward with the aid of a cane; but he died in two weeks, from pulmonary trouble. The other two were sent north when the army fell back, and I have no doubt they both died in a few weeks, as they were drifting rapidly into pyæmia.

A. H. Stephens.

Eaton, Ohio, Dec. 16th, 1865.

"Insanity Cured by Castration."

[We would call the attention of our readers to the following communication, and hope it will elicit something further on the subject. Castration is certainly a severe remedy and one that cannot often be resorted to, but if it will cure epilepsy and insanity it should be encouraged by the profession in cases to which it is applicable. Some writers on insanity strongly recommend the operation, and at one time it was quite common in France, but from some cause it does not seem to have become one of the established modes of treatment.—Ed. Med. and Surg. Reporter.]

Editor Medical and Surgical Reporter:

"Insanity cured by Castration," is the title of an article in the Med. and Surgical Reporter for December 2d, 1865. J. H. Marshall, M. D., first took charge of the insane patient in April, 1863, the patient then having been insane for at least seven years.

The cause of the insanity is supposed to be either from excessive venery or masturbation. The testicles were removed on the 30th of January, 1864, and in a few days after the operation the patient is said to have entirely recovered from his insanity.

In eight months after the operation he resumed

the practice of his profession, seemingly as sane as ever he was.

This is certainly an astonishing cure, I propose to try the operation on a patient of mine, but first I should like to see some additional facts in this case published in the columns of the Reporter.

W. H. White, M. D.

Norfolk, Va., Dec. 20th, 1865.

"Army Itch."

Editor Medical and Surgical Reporter:

In the proceedings of the Vermont Medical Society, reported in your Journal of November 25th, I noticed that Dr. L. C. Butler suggested a method of treatment for the "army itch" "which had proved eminently successful."

As these various species of *prurigo* (?) have proved very obstinate, in my own experience, to various methods of treatment, I would ask as a favor, that Dr. Butler be requested to furnish in your columns the details of his mode of practice in these troublesome skin diseases.

L. H. Hazeltine, M. D.

McGregor, Iowa, Dec. 22, 1865.

News and Miscellany.

Progress of the Cholera in France.

The Paris correspondent of the London *Times*, writing under date of December 7, says:

"The last returns of the cholera in Paris, as given in a letter of Monday, were to the 29th of November inclusive. The *Union Medicale* states that on the 30th, out of ninety-fourth deaths from all causes, there were sixteen from cholera. On the 1st of December the total deaths were one hundred and two, and from cholera twenty-two; on the 2d ninety-seven, and from cholera only ten. In the hospitals and asylums there were only six new cases of cholera on the 30th of November and four deaths, and on the 1st of December four new cases and seven deaths. The total number of deaths from cholera in Paris from its first outbreak to the 30th of November was six thousand and seventy-seven.

"On Saturday last the cholera made its appearance in Raon l'Etape, the chief town of a canton of the department of the Vosges—population about four thousand—and carried off sixteen or eighteen persons in three days. As this part of France had never yet been visited by the malady, the effect produced by its sudden appearance is proportionably great. Letters also speak of cases having occurred at Rambervilliers, the chief town of another canton in the same department—population about five thousand—and which I believe hitherto enjoyed the same immunity as Raon l'Etape. The local authorities in both places are taking every precaution to arrest the progress of the disease in the department."

Cholera in Paris.

The *Union Medicale* publishes an account which shows that the deaths from cholera in Paris and in the Department of the Seine to Nov. 17th, amount to above 6000.

The Cholera at Guadaloupe.

A letter from Guadaloupe, West Indies, dated Nov. 25th, states that the cholera had broken out there and was committing great ravages. At Bosse Terrea, a town of 6000 inhabitants, 107 fatal cases occurred on the 22d.

Progress of the Cholera.

Russian journals state that the cholera, which has during the last two months visited the southern provinces of the empire, is gradually making its way north, in spite of the lateness of the season. It has appeared in Berdotchewa, a town of Russian Poland.

Pension Examining Surgeons.

We note the following recent appointments:

Ohio.—Dr. Porter Yates, Port Clinton; Dr. O. T. Ellison, Woodfield.

Illinois.—Dr. George McFarland, Bushnell.

Missouri.—Dr. G. M. Cox, Springfield.

Fever in Manchester.

From a late report of Mr. Greaves on the Sanitary State of Manchester, it appears that typhus and typhoid fever, after slowly creeping on, have within the last few weeks become so prevalent as to almost have attained to the dimensions of a pestilence, which threatens to extend over the whole of the city.

Removal of Spleen.

Mr. Spencer Wells, of England, has recently removed a large spleen from a woman. The patient died on the seventh day after the operation of pyæmia. At the autopsy, effusion into the pericardium and both pleural cavities was observed; but no peritonitis beyond the locality of the wound, and no hæmorrhage.

Mr. Wells intends to bring the case before the Royal Medical and Surgical Society, when we will give a full history.

Lives Lost by the Rebellion.—The War Department computes the number of deaths in the Union armies since the commencement of the war at 250,000, and of the Southern soldiers at least 225,000, making at least 475,000 lives that have been lost, a part of the costly price paid for the defense of the nation's life. At Gettysburg, 23,000 Union soldiers were killed, wounded or taken prisoners—our greatest loss during one campaign. General Grant's losses, from the time he crossed the Rapidan until Lee's surrender, were about 90,000. Great as were our losses, they were far below those incurred in European wars, owing to our superior medical and sanitary arrangements, and the care of the government for its troops.

Suit for Malpractice withdrawn.

A singular episode, and one highly honorable to the parties concerned, occurred in the Superior Court at Dayton, Ohio, recently. Mr WM. REED was kicked by a horse some years since and had his thigh bone fractured. Dr. HIBBARD JEWETT set the broken bone, but Mr. REED was not satisfied with the result, and sued the Doctor for malpractice, claiming $5,000 damages. During the trial, Mr. REED, as we learn from the *Empire*, became satisfied that his case had been properly treated, and that he was mistaken in blaming the physician. He signified this through his counsel to the Court and withdrew his suit.

—— Dr. WILLIAM A. HAMMOND, late Surgeon-General U. S. A., has gone to Europe in charge of a grand-son of the late JOHN JACOB ASTOR of New York.

—— The total number of patients in the military hospitals throughout the country was, on the 16th of December, 2035.

Army and Navy News.

ARMY.

ASSIGNED.—Hospital Stewards, Howard T. Paine, Frank Bakewell, Jasper E. Cheny, E. Ravenberg, John W. Osborn, John G. Davis and James G. McConnell, have been relieved from duty at Louisville, Ky., and ordered to report to the Surgeon-General at Washington, D. C.

Assistant Surgeon A. Thornton Peck, U. S. Volunteers, is hereby relieved from duty with the Third U. S. cavalry in the department of Arkansas, and ordered to proceed to his home, and report from thence, by letter, to the Adjutant-General and Surgeon-General of the army.

Assistant Surgeon B. E. Fryer, U. S. Army, is hereby relieved from duty at Louisville, Ky., and ordered to Detroit, Mich., to relieve Brevet Lieutenant-Colonel D. Stanton, U. S. Volunteers, from his duties as Acting Medical Director, Department of the Ohio, during the absence of Medical Director Tripler.

Assistant Surgeon J. B. Bill, U. S. Army, is hereby relieved from duty with Brevet Brigadier-General R. S. Satterlee, Medical Purveyor U. S. Army, at New York city, and ordered to relieve Surgeon A. K. Smith, U. S. Army, from the charge of the U. S. Laboratory at Philadelphia, Pa.

Surgeon A. K. Smith, U. S. Army, is hereby ordered to duty as Medical Director, Department of the South, relieving Surgeon A. P. Dalrymple, U. S. Volunteers, who is ordered home, and to report, by letter, to the Adjutant-General U. S. Army.

Brevet Major Henry S. Schell, Assistant Surgeon U. S. Army, is hereby relieved from duty in the Middle Department, and ordered to duty in the Department of Georgia.

Surgeon B. J. D. Irwin is ordered to duty in the Department of Missouri, at St. Louis.

Assistant Surgeon Thomas McMillan, U. S. Army, is ordered to duty in the office of Brevet Brigadier-General Satterlee, Medical Purveyor U. S. Army, at New York city.

DISCHARGED.—C. S. Redfield, Hospital Steward, U. S. Army.

John M. Crofts, Medical Cadet U. S. Army.

William Singleton, Arthur F. Poole, William W. Scott, F. D. Yaple, Hazen B. Goodrich, Joshua S. Taylor, Edward R. Lamb and Eli C. Marsh, Hospital Stewards U. S. Army.

HONORABLY MUSTERED OUT OF THE SERVICE.—The following Surgeons and Assistant Surgeons of the U. S. Volunteers have been honorably mustered out:—

Samuel Birdsall, John Trenor, Benjamin McClure, Alexander T. Watson, Edward K. Hogan, O. P. Sweet and S. S. Jessop.

MISCELLANEOUS.—A board of officers, to be composed of Brevet Colonels Josiah Simpson and William J. Sloan, Surgeon, U. S. Army, has been ordered to meet at Philadelphia to retire such officers as may present themselves.

ASSIGNED.—Assistant Surgeon John C. G. Happersett, U. S. Army, is hereby relieved from duty in the Department of Kentucky, and ordered to the Department of South Carolina for duty.

DISCHARGED.—Hospital Stewards Charles W. Horton, Charles W. Tuthill, Stephen C. Stine, Edward T. Upperman, C. B. Stockton, Austin C. Waterman, Alfred Stenner and August Walter, U. S. Army.

HONORABLY MUSTERED OUT OF SERVICE.—Surgeons and Brevet Lieutenant-Colonels Clarke McDermont, Joseph S. Hildreth, Alfred Wynkook and James G. Hatchitt, U. S. Volunteers.

Surgeon and Brevet Colonel D. W. Bliss, U. S. Volunteers.

Assistant Surgeon and Brevet Major J. C. Hogendobler, U. S. Volunteers.

Assistant Surgeons and Brevet Captains Washington B. Trull and Thomas Turner, U. S. Volunteers.

Medical Storekeeper, Robert T. Creamer, U.S. Army.

RESIGNATION ACCEPTED.—Assistant Surgeon and Brevet Major H. Allen, U. S. Army.

METEOROLOGY.

December	25,	26,	27,	28,	29,	30,	31.
Wind	S. W.	N. W.	N. W.	N.	S. E.	N. E.	N. E.
Weather	Cl'dy. Fog.	Cl'dy. Fog.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Snow, Rain.	Cl'dy. Snow, Rain.
Depth Rain			2-10				9-10
Thermometer.							
Minimum	22°	23°	25°	33°	29°	26°	10°
At 8 A. M.	33	33	37	41	37	32	19
At 12 M.	37	39	40	43	42	30	30
At 3 P. M.	35	39	41	43	42	30	32
Mean	31.75	33.50	35.75	40.	37.50	29.50	22.75
Barometer.							
At 12 M.	30.	30.1	30.2	30.	30.4	30.2	30.5

Germantown, Pa. B. J. LEEDOM.

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey, will be held at New Brunswick, on the fourth Tuesday, (23d) of January, at 7 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. AB'M COLES.

History of the Society by Dr. WM. PIERSON, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

WILLIAM PIERSON, Recording Secretary.

Dec. 16, 1865.

MARRIED.

Bowen—Holt.—On Christmas morning, in the First Congregational Church at Pomfret, Conn., by Rev. Walter S. Alexander, Henry C. Bowen, of Brooklyn, N. Y., and Miss Ellen Holt, daughter of Hiram Holt, M. D., of Pomfret.

Brainerd—Osborn.—At Oshkosh, Wis., on Thursday, Dec. 21, by Rev. Mr. Haff, at the residence of Dr. S. J. Osborn, formerly of Brooklyn, N. Y., S. S. Brainerd, of St. Louis, Mo., and Miss Josephine Osborn, of the former place.

Cote—Herpin.—On the 31st August, at Paris, in the Church of the Oratorie du Louvre, by Rev. Dr. Grandpierre, Rev. Wolfred Nelson Cote, M. D., of Montreal, Canada, and M'lle Marie Ernestine Amanda, daughter of M. Herpin, Secretary of the Palais du Tuileries.

Dr. Cote will be recognized by our readers as the Paris correspondent of the Reporter, in 1864–5.

Chamberlin—James. — On the 13th Dec., in Jeffersonville, Ind., by the Rev. T. Haley, Dr. W. E. Chamberlin, of Eddyville, Iowa, formerly of Antioch College, and Miss Lidie J. James.

Flaglor—Dunlop.—Dec. 28, by Rev. Dr. Harper, Gilbert W. Flaglor and Harriet Dunlop, youngest daughter of the late Dr. Dunlop, both of New York.

Keep—Avery.—In Brooklyn, Dec. 25, at the Church of the Messiah, by Rev. Dr. Geo. E. Thrall, J. Lester Keep, M. D., and Sara C., daughter of E. L. Avery, Esq.

Shaw—Sanford.—Dec. 27, by Rev. Dr. Hatfield, Abner O. Shaw, M. D., of Portland, Me., and Miss Lizzie A., daughter of the late Nicoll Sandford, Esq., of New York city.

Street—Phillips.—Dec. 26th, at Pennington, N. J., by Rev. A. K. Street, Prof. J. Fletcher Street, of the State Normal School, son of the officiating clergyman, and Miss Emily A. Phillips, daughter of Hon. John H. Phillips, M. D., late Surgeon U. S. Vols.

Thompson—Cooper.—By Rev. Edward Cooper, at Monroe, Butler co., Pa., J. Webber Thompson, M. D., of Vevay, Ind., and Miss Martha P. Cooper, daughter of the officiating clergyman.

DIED.

Bowser.—At his residence in Callensburg, Pa., Nov. 29th, of consumption, Dr. W. A, Bowser, in the 44th year of his age.

Buck.—In Woolwich, Me., Dec. 19, Cleveland Buck, M. D., aged 77.

Weltje.—In New York Hospital, Dec. 24th, from convulsions, Dr. Christopher Weltje, aged 45. Dr. Weltje was for many years connected with the Coroner's office in the capacity of Deputy Coroner.

OBITUARY.

The Death of Dr. L. A. Smith.

A special meeting of the District Medical Society of Essex County, New Jersey, was held on the 18th ult., in reference to the death of the late Dr. L. A. Smith, of Newark, Dr. Joseph A. Corwin, President, in the Chair, and Dr. B. L. Dodd, Secretary. The death of Dr. Smith having been announced in a few feeling and appropriate remarks by the President, on motion of Dr. J. Henry Clark, the following gentlemen were appointed a Committee to report suitable resolutions expressing the sentiments of the Society, viz., Drs. S. H. Pennington, J. B. Jackson, S. Wickes, J. Henry Clark, and I. A. Nichols.

The following resolutions were reported by the Committee, and unanimously adopted by the Society:

Resolved, That this Society has heard with profound sorrow of the decease of our late friend and brother, Lyndon A. Smith, M. D., of the city of Newark, one of the pillars of the Medical Society of New Jersey, and for thirty-seven years past a member of this Society.

Resolved, That in the death of Dr. Smith, this Society suffers no common bereavement. Eminently social and genial in his feelings, cordial in his friendships, kind to his equals in age, fatherly towards his juniors, and ingenuous and open in all his intercourse, he had won a warm place in our fraternal regard. Educated at one of New England's oldest seats of learning, and trained for his profession in one of her best medical schools, he united with a generous general culture, a thorough knowledge of the principles of the liberal science to which he purposed to devote his life; and under the guidance of a discriminating judgment and a conscientious sense of responsibility, he applied this knowledge with distinguished skill and success to the relief of suffering humanity through a period of more than forty years. Holding in just appreciation the noble mission of his profession and its exalted rank among secular pursuits, he was warmly interested in every effort to add to its stores of knowledge, extend the limits of its resources, and elevate the standard of literary and scientific preparation to be required of those who would seek admission to its mysteries. Hence, the various associations, local and national, instituted with reference to those objects, found in him an ardent friend, a constant, ever-present helper. Nor in the walks of his profession alone were his virtues illustrated. Humane in all his impulses, every work of philanthropy found a place in his sympathies; a sincere and consistent Christian, the Church and all her enterprises of benevolence and charity received his earnest co-operation and advocacy; a patriotic and loyal citizen, he gave his whole heart to his country's cause, and, in the day of her calamity, laid the son of his old age a sacrifice upon her altar. In testimony of his many virtues and of our respect for his memory.

Resolved, That these resolutions be communicated with our respectful sympthies to the children of our deceased friend and brother, and that we attend his funeral on the 19th inst., wearing the customary badge of mourning.

Resolved, That Drs. John F. Ward, Edward P. Nichols, and J. Henry Clark, be a Committee to make the necessary arrangements for the attendance of the Society in the funeral solemnities.

Resolved, That these resolutions be recorded in the minutes of the Society, and published in the newspapers of this city, in the *New York Observer*, and the medical journals; and that a copy be transmitted to the President of the American Medical Association.

B. L. Dodd, Secretary.

ANSWERS TO CORRESPONDENTS.

Dr. C. W. S., St. Louis, Mo.—History of the American Medical Association, sent by mail, Dec. 26th.

Dr. W. T. R., Wadsworth, O.—Bumstead on Venereal, sent by mail, Dec. 29th.

Dr. S. P. W., Putnamville, Ind.—Wilson's Human Anatomy, sent by mail, Dec. 29th.

Dr. T. G. C., Long Branch, N. J.—U. S. Pharmacopœia, sent by mail, Dec. 29th.

Dr. A. M. N., Butler, Pa.—Smith's Hand-Book of Surgical Operations, sent by mail, Dec. 30th.

Dr. J. W. W., Richmond, Ind.—Hammond on Wakefulness, sent by mail, Dec. 29th.

Dr. H. A. B., Waddington, N. Y.—Carpenter on Alcohol, sent by mail, Dec. 29th.

Dr. W. A., Troy, N. Y.—Neligan, Text-Book of Cutaneous Diseases, sent by mail, Dec. 30th.

Dr J. H. K., Worcester, Pa.—Zeigler's Nitrous oxide, sent by mail, Dec. 29th.

Dr. A. H. H., St. Clairsville, O.—Davis on Mechanical Electricity, etc., sent by mail, Dec. 30th.

Drs. J. K. B., H., and W., Milwaukie, Wis.—Copy of Bauer's Orthopœdic Surgery, sent to each, Dec. 28th.

Dr. I. F., New Bedford, Mass.—Turnbull on Ophthalmoscope, and on Hearing, sent by mail, Dec. 28th.

Dr. J. E. McG., Latrobe, Pa.—Tilt, Uterine Therapeutics, sent by mail, Dec. 30th.

Dr. J. D. S., Nashville, Tenn.—Tilt, Uterine Therapeutics, sent by mail, Dec. 30th.

Dr. P. W. E., Hartford, Conn.—Turnbull on Ophthalmoscope, sent by mail, Dec. 30th.

Dr. D B. P., Putnam, Conn.—Bennett, Uterine Pathology, sent by mail, Dec. 29th.

Dr. W. L. A., Cochecton, N. Y.—Byford on Diseases of Women, sent by mail, Dec. 30th.

Dr. F. M., Farmington, O.—Pereira's Prescription Book, sent by mail, Dec. 30th.

Dr. J. B. W., Fryburgh, Pa.—We can get Shoulder Braces for you, though not of the kind you designate. Price $5.

Dr. J. R., Liverpool, Pa.—The price of Da Costa's Diagnosis is $5.

Visiting Lists have been sent to the following persons: Drs. F. V. A., Stuyvesant, N. Y.; D. F., Gonic, N. H.; S. J. Oswego, N. Y.; J. W. L., Clyde, O.; G. N. H., Bellevue, O.; A. R. T., Skippackville, Pa.; McG. & H., Thompson, Ct.; H. E. B, Blackwoodtown, N. J.; S. C. F., Fredericksburg, O.; A. M. D., Farmington, Del.; P. S. L, Limerick, Pa.; J. R., Woodstown, N. J.; H. J. H., Cleveland, O; J. P. De B, Evansville, Ind.; B. A. M., Schenectady, N. Y.; L. B., Brooklyn, N. Y.; J. K. B., Milwaukie, Wis.; A. B., Albany, N. Y.; N. G. B, Wilson, Ill.; J. W. R., New Alexandria, Pa.; K. G. T., Alliance, O.; E. J. G., Bristol, Pa.; W. L. A., and O. A. C., Cochecton, N. Y.; J. F. W., Long Swamp, Pa.; W. W. J., and J. G. N., Toledo, O.; W. H. I., Elmer, N. J.; A. B. D., Furnace, Pa.; G. M. U., and J. T. P., Snow Hill, Md.; J. R. G, Trumansburgh, N. Y.; J. J. B., Madison, Wis.; M. C. W., Rome, N. Y.; J. G. B., Turkey, N. J.; H. A. B., Waddington, N. Y.; A. B. V., New York; T. H., Washington, D. C.; J. K. B., Fairmount, W. Va.

☞ The editions being exhausted we can receive no more orders for Lindsay & Blakiston's Visiting List for 1866.

We have not had time to have names stamped on those ordered since the 27th Dec.

Hand Books have been sent to the following persons: Dr. L. S., Millbury, Mass.; A. M. N., Butler, Pa.; J. F., Williamsburg, Pa.; J. H. O'K., Chicago, Ill.; W. G. B., New Canaan, Ct.; J. P. N., Rimersburg, Pa.; F. J. K., Toledo, Ohio; J. W., Hamorton, Pa.; B. T., Chandlerville, Pa.; J. R., Liverpool, Pa.; J. F. T., New Ringgold, Pa.; J. W. B., Tremont Pa.; J. S. A., Chambersburg, Pa.; B. F. B., Coventry, N. Y.; J. H., Mamaronek, N. Y.; O. P. F., New Bedford, Mass; J. E. M., Washington, D. C.; W. S. R., York, Pa.; W. K. C., Sandyville, Ohio; J. D. H., New Madison, Ohio.

THE

MEDICAL AND SURGICAL REPORTER.

No. 463.] PHILADELPHIA, JANUARY 13, 1866. [Vol. XIV.—No. 2.

Original Department.

Lectures.

A LECTURE ON SCARLATINA:

ITS SYMPTOMS, PATHOLOGY, PROGRESS, PROGNOSIS, CAUSE, DIAGNOSIS, AND TREATMENT.

By A. P. Dutcher, M. D.,

Prof. of the Principles and Practice of Medicine in the Cleveland Hospital Medical College, Ohio.

[Continued from page 5.]

VI. Diagnosis of Scarlatina.

This is commonly easy. There are but three diseases with which it may be confounded; measles, roseola, and diphtheria. It may generally be distinguished from the measles by the precursory symptoms; by the time intervening between the first accession of fever, and the appearance of the rash; by the character of the eruption; and the sequelæ. Measles commence with coryza, sneezing, suffusion of the eyes, cough, slight dyspnœa, and other catarrhal symptoms; while in scarlatina, the first sensation of uneasiness is referred to the throat. The eruption of measles shows itself on the fourth day of the fever, but in scarlatina it may frequently be seen on the second. In measles the rash is disposed in irregular portions of a crescentic form, and is slightly elevated, so as to be sensible to the touch; in scarlatina the eruption assumes the appearance of broad patches of an indeterminate shape. The rash has a different tint in the two diseases; it is of a vivid red appearance in scarlatina, but of a dark or raspberry hue in the measles.

In scarlatina the fever does not abate upon the appearance of the eruption to the same extent as in measles. In the first the fever will continue very high until the period of desquamation and even after this commences the skin will sometimes continue hot and dry; in the latter the perfect development of the eruption is always attended by a marked decline in the febrile symptoms, and marks a crisis in the disease. Scarlatina is frequently succeeded by inflammations of the serous membranes, and dropsy; while the measles is principally followed by affections of the respiratory organs; such as pneumonia, bronchitis and croup.

Some writer has remarked, that the chief diagnostic sign between scarlatina and measles is the STRAWBERRY TONGUE. It is always present in scarlatina, but never in measles.

Another distinguishing mark between scarlatina and measles is to be found in the state of the urine. In measles albumen is seldom found in the urine, but in scarlatina, no matter how mild the case, it is seldom found absent, more particularly at an advanced period of the malady.

Roseola sometimes prevails epidemically, and manifests phenomena so much like scarlatina, that some writers have maintained that they were identical. There may be some remote relationship between the two affections, but they each have their own peculiar characteristics. Roseola is distinguished from scarlatina by the regular defined rash, by the absence of the sore throat, by the mildness of the general symptoms, and by the short duration of the disorder. It is, also, non-contagious.

Scarlatina is distinguished from diphtheria by the occurrence of the rash, the violence of the fever, and the want of the peculiar exudation on the tonsils, uvula, and throat, which are so universally present in the latter disorder. In the latent form of scarlatina, the general symptoms may resemble diphtheria, but the exudation on the throat is always wanting.

VII. Prognosis of Scarlatina.

This mostly depends upon three things: 1st. The form of the disease. 2d. The condition of the patient. 3d. The peculiarity of the epidemic. The simple scarlatina, though it may be attended with severe symptoms, is not in itself a fatal disorder; and where there is no complication of internal inflammation, and the rash is of a bright red color, comes out abundantly, and remains the usual time, we may hope for a favorable result; but the sequels to which we have alluded are always to be dreaded, and often constitute far more formidable affections than the primary disease.

The malignant form is always attended with great hazard. The favorable signs are a plenti-

ful bright eruption; florid redness in the throat, and a disposition of the slough to separate, general scaling off of the cuticle, and a full and free excretion of urine. Lividity or disappearance of the rash, petechiæ, stupor, general prostration of strength, total suppression of the urine, are among the most unfavorable signs.

From various statistical tables that I have consulted, I conclude that children under ten years of age are the most liable to the disease; that under twenty years of age, the number of males and females are almost equal; but that above this period, the number of females greatly exceed that of the males. I may also remark, that scarlatina is almost always fatal when it attacks puerperal women; and that the mortality of different epidemics vary in a most remarkable manner; in some, scarcely a death occurs,—and in others, whole families being carried off. The disease is commonly much milder in spring and summer than in autumn and winter. It is said to be more prevalent in temperate climates than any others; and is more severe, and propagated more extensively in humid weather, and in low, marshy districts, and in the crowded, dirty, ill-ventilated portions of cities.

As to the influence of scarlatina upon tubercular diseases, Rilliet and Barthez gives the following as the result of their experience:

"1. That scarlatina rarely gives rise to tubercles.

"2. That tubercular children rarely take scarlatina, and when they do, it is anomalous.

"3. Children cured of tubercles are more liable to scarlatina than the preceding, and the eruption may be normal.

"4. Those tuberculous children who do take scarlatina have few crude tubercles, and very rarely any that are softened.

"5. In those cases, the tubercles have a tendency to become cretaceous in a short time."

I have observed for many years that scarlatina greatly modifies the effect of all the cutaneous diseases to which children are subject. If measles supervene immediately upon an attack of scarlatina, it is commonly very mild; and even small-pox is much milder in individuals who have recently had the scarlatina. Hooping cough has been known to disappear on the appearance of this by many dreaded disease; indeed, it is asserted by several writers, that it never exasperates pulmonary diseases, but on the contrary, appears to exert a curative influence. I now remember one case of a woman in my practice, who had suffered for a long time with bronchitis; it had persistently resisted every effort that I had made to arrest it, when suddenly she was attacked with the scarlatina; it was an aggravated form of the disorder, and I anticipated the most serious consequences from the old bronchial complication; but to my astonishment, it vanished, as if by magic, on the full development of the eruption; and on her convalescence from the fever, the bronchitis was perfectly cured.

VIII. Treatment of Scarlatina.

In the remarks I make under this head, I propose to give you chiefly my own experience. My attention was called to the treatment of this disease at a very early period of my practice. In the spring of 1839, I first entered upon the duties of my profession in a small town in the western part of Albany county, New York. I had resided in the place but a few weeks, when scarlatina made its appearance in one of its gravest forms. Dr. S., my friend and competitor, was a practitioner of twenty-five years experience, and had the control of the entire practice of the village and vicinity. He was what we now-a-days call a *heroic* practitioner. Bleeding, blistering, tartar emetic, calomel, jalap, nitre, aloes, gamboge, and opium, constituted his chief stock of therapeutics. All fevers he regarded as originating in inflammation, and could only be treated successfully with antiphlogistics. Scarlatina was the true type of all the phlegmasia, and must be promptly met by active depletion.

In this epidemic his antiphlogistics proved most disastrous. Out of twenty-seven patients, who first suffered with the disease, only seven recovered. The result of this management led me to the conviction that antiphlogistics were not the medicines indicated. I therefore resolved that I would pursue an opposite course of treatment, in the first case that came under my care. The character of the disease was asthenic, and required active stimulants and tonics. It was but a few days until I had an opportunity of testing the correctness of my opinion. The patient was a child of a poor inebriate; a little boy five years old, of a highly scrofulous diathesis. When I was called to see him, he had been ill three days. He appeared to be suffering with marked symptoms of scarlatina maligna. He was quite comatose, with a small intermitting pulse, and laborious and irregular breathing; mouth and throat livid, with a few ulcerous patches on the tonsils; maxillary glands very much swollen; the urine suppressed, the bowels costive, and the extremities very cold.

The prognosis was any thing but promising. The poison had overpowered the great nervous centres, and the vital forces were fast succumbing to the vile intruder. Nature was calling for help in language not to be misunderstood. To have depleted here, would have been contrary to every sound principle of medical science, and the end would have been fatal. Hence, brandy, capsicum, carbonate of ammonia, the warm bath and sinapisms were recommended to be freely used.

At our next visit we found a wonderful change in our little patient. His brain was relieved; his breathing regular; pulse more full and regular; skin warm and moist; bowels freely moved, and urine in abundance. The eruption came out finely, and from this time he passed through the disease without any untoward symptoms. The only medical agents used from first to last were those mentioned above.

During the continuance of this epidemic, I attended about forty cases; all recovered but one

little girl; her case became complicated with croup, and she perished on the third day from the commencement of the fever. Since that time I have witnessed many visitations of epidemic scarlatina, treated a large number of patients, and have been as successful in making them well as most physicians. My therapeutics have always been eliminatives, stimulants, tonics, and restorative hæmatics. I cannot now remember, in all my practice, that I ever bled a patient affected with scarlatina alone. I have in a few instances, cupped, bled, and administered calomel, and antimony, to subdue dangerous complications. They are wonderful destructives, and in a disease like scarlatina, where every thing tends to such rapid waste of all the solids and fluids of the body, they should be prescribed with the greatest caution.

As yet there has been no antidote or specific discovered for scarlatina. Neither can you break it up like intermittent fever, and some other disorders. Experience will soon teach you, that in spite of all your efforts it will have its own way; it will execute its full mission, and when this has been accomplished it will cease. You should, therefore, strive in the management of the disease, to husband the resources of the system, eliminate morbid products, reconstruct the blood, and subdue dangerous complication. In this way you may hope for a happy termination of the disease. As to the special therapeutical agents which you may select to fill these important indications, I am not particular. I will now read you three cases from my note-book, to show you how I have generally been in the habit of treating the various forms of this malady. Perhaps this will be more interesting to you than the dry details of an elaborate discussion of the numerous plans of treatment and remedies, that have been recommended for the cure of the disease by our standard medical authorities.

IX. A Case of Simple Scarlatina; Its Treatment.

May 1, 1857. Called this morning to see Jane C., aged nine years. Has been sick two days. Complained at first of lassitude and chills, which were succeeded with nausea, thirst and fever. Last night she was very restless, and slept but little, and the fever was high. I found her in the following condition: Pulse 110 per minute; tongue red and dry; thirst great; skin hot and dry, with a slight eruption of red spots upon the face and neck. Complains of pain and soreness in the throat; has pain also in the head, back, and limbs. The bowels are costive; the urine scanty and high-colored. Ordered the skin to be sponged with tepid water every three hours, and take the following every four hours, until the bowels are freely moved.

℞.	Magnesiæ sulph.,	℥j.	
	Potassæ nit.,	gr. x.	
	Aquæ menth. pip.,	f.℥iij.	
	Ext. glycer.,	gr. xx.	M.

2d. Rested better than the night before. Pulse 100; skin not so hot and dry; the bowels have been freely moved; urine more abundant; the red spots have coalesced, and spread over the trunk and extremities, forming patches of an irregular form and a bright red color, but presenting to the touch no feeling of elevation. The tongue is still very red, and the papillæ prominent. Pain in the head and limbs not so bad. Continued the tepid sponging every four hours, and ordered sp. æth. nit. five drops every three hours, with cold water for drink.

3d. Pulse 95; skin more moist; thirst not so great; no change in the appearance of the rash. The eruption is now quite visible on the inside of the mouth and throat, which is of a bright scarlet color. Continued treatment as before, and as she complained very much of the soreness in the mouth, the following was directed to be frequently used as a gargle:

℞.	Alum. sulph.,		
	Sodæ borat.,	āā	℥ij.
	Hydrast. Canad.,		℥ss.
	Mel.,		℥j.
	Aquæ fervens,		Oj. M.

4th. Symptoms all better. Continued treatment.

6th. Patient still improving. No medicine prescribed.

8th. The rash has entirely disappeared, and desquamation has commenced. Tepid sponging was ordered in the evening.

12th. The patient is convalescent.

This case you will at once recognize as one of simple scarlatina, requiring but little medical treatment, and indeed one that would have recovered without any. And he is a wise physician, who, to use the language of the great Sydenham, does not treat it "too learnedly."

Recently I have treated a large number of cases of simple scarlatina, with the tepid bath, and the chlorate of potash alone, and they have all done well. In every form of this disease the chlorate of potash is one of our best remedies. Although not so efficacious as in diphtheria, yet we should not fail to prescribe it in connection with other therapeutical agents in every case. It acts in the blood, and withal is a powerful eliminator—dissolving all morbid products in the circulating fluids, and ejecting them from the body through the great emunctories.

X. Treatment of Scarlatina Anginosa A Case.

June 15, 1863. Saw this morning Mary T., aged 16, of the nervo-sanguineous temperament. Took suddenly ill yesterday evening. Had a severe chill, which was succeeded with pain in the head, back, nausea, and vomiting. Her nervous system is very much agitated, and she has slept but little during the night; late in the evening she was delirious. The pulse is now 106, and respiration 35 per minute. Skin hot and dry; complains of thirst, soreness, pain, and stiffness of the neck. The glands of the neck are enlarged and indurated. Deglutition is painful; the mouth and throat are very red; the tonsils and uvula much enlarged, and the papillæ of the tongue quite prominent. Has passed no urine since yesterday morning; the bowels are relaxed. There is no eruption of the skin, although it is very red.

We ordered the warm effusion bath every six hours, the glands of the neck to be painted with the fluid extract of belladonna, and a tablespoonful of the following every hour:

℞ Solution chlorate potassa, (saturated) f.℥j.
Tincture of iron, f.℥ss.
M.

16. Patient passed a more comfortable night. Skin not so hot and dry; there is some eruption on the face and neck; bowels not moved so frequently; passes urine freely, and is not so thirsty. Complains very much of pain in the throat; submaxillary glands not so much swollen; uvula and tonsils covered with a gray exudation, with several small ulcers upon the tongue. Continued treatment, and prescribed the following as a gargle:

℞. Chloride sodium, ℥ij.
Capsicum annum, ℥ss.
Acidum aceticum, dil. f.℥vj.
Mel., f.℥j.
Aquæ fervens, f.℥viij. M.

17. Pulse 100. The rash is extending over the chest and abdomen. Throat looks better. Continued treatment.

19. Pulse 95. Not so much fever last night; the prognosis is favorable. Continued the potash and iron every three hours.

20. Patient better. Continued treatment.

21. Pulse 85. The eruption is fading. Gave potash and iron every six hours.

23. Desquamation has commenced. Ordered tepid sponging every evening, a nutritious diet, and one of the following pills every eight hours:

℞. Ferri citrat., ℥j.
Strychniæ, gr. j.
Ext. gentianæ, ℥j. M.
F. in pill No. 30.

29. Patient is now in the enjoyment of her usual health.

This was an ordinary case of scarlatina anginosa. The glands of the neck and throat were more affected than any other parts. They formed the chief source of annoyance. Some of our standard authors recommend cauterizing the throat with nitrate of silver in this form of the disease. But I regard it a barbarous procedure, one that should be discountenanced by every humane physician. I am fully satisfied that it greatly adds to the inflammatory condition of the throat, and could be stricken from our list of therapeutics for scarlatina without any serious loss.

In cases of sloughing of the tonsils, where it is considered indispensable by many practitioners, I never could see that it was of the slightest use, either in preventing or retarding the destructive process. I think your experience will soon teach you, that where there is a tendency to ulceration or sloughing of the tonsils or throat, in this disease or diphtheria, you will find the following a far more reliable application. I have used it for several years, and it has seldom disappointed my expectations.

℞. Cupri sulph., ℥j.
Quiniæ sulph., gr. xxxv.
Aquæ calcis, f.℥iv. M.

This may be applied to the throat every two or three hours by means of the sponge probang. And I might add just here, that in scrofulous ulceration of the throat, there is not a more useful local remedy than this.

XI. Treatment of Scarlatina Maligna: A Case.

April 27, 1863. Called this morning to see Master R., aged 14. Has been ill four days. Complained at first of chills; pain in the head, back, and limbs, and soreness of the throat; (vomited profusely the first day); these symptoms were followed in a few hours by fever, pain, and stiffness of the neck, with enlargement of the submaxillary glands, and great excitement of the nervous system. The rash made its appearance on the second morning, and was regarded by the family as measles, and was subjected to the usual domestic treatment for that disorder, hot teas, sheep saffron, and all those debilitating agencies which ignorance and superstition have devised.

I found him in the second stage of scarlatina maligna. Pulse 140 per minute. Respiration 45, and chiefly intercostal. Low muttering delirium; the face red and swollen; the eyes red and watery; the pupils considerably dilated and almost insensible to the light: passes his stools under him; the urine is very scanty; skin cold, and the rash very imperfectly developed, having a purplish hue. The tonsils, uvula, and pharynx are swollen and covered with a dark brown exudation, which in some places appears to be in a sloughing condition. The tongue is dry, pointed, and of a deep red color, with a few dark brown ulcers at its tips and edges; the teeth and lips are covered with black sordes. The breath is exceedingly offensive, and there is a very fœtid discharge from the nostrils. The forces appear at a very low ebb, and the prognosis anything but promising.

He was ordered the warm bath for ten minutes: this was to be followed in ten minutes by an emetic of ipecac, after which he was to take one of the following pills every three hours, and a tablespoonful of the saturate solution of the chlorate of potash every hour.

℞. Quinia sulph., gr. xxx.
Ferri sulph., ℥j.
Capsici, gr. xxx.
Ext. gentianæ, ℥j. M.
Ft. pill No. 30.

The sub-maxillary glands are to be painted with the fluid ext. of belladonna, and the throat to be gargled with chloride of sodium and capsicum, the same as directed in the last case.

On calling the next morning I found my patient vastly improved. The treatment was continued for five days without any particular change, when he was placed upon the following:

℞. Tinct. ferri chlor., f.℥j.
Strychniæ, gr. j. M.
Sig. 10 drops every 6 hours.

From this time the disease gradually subsided, and in four weeks he had regained his usual health.

Such is the plan of treatment we commonly institute in the management of the various forms

of scarlatina. A few additional remarks on the prognosis of this disease, and we will not trespass further on your patience. It is a well established fact, that in this disorder the eliminating organs are seriously embarrassed, particularly the kidneys. Hence it is a matter of vast importance that their functions should be carefully watched. Now I have almost always found, that an abundant secretion of urine is a favorable omen in this disease; its scanty secretion and final suppression an unfavorable one. I therefore regard the promotion of a copious excretion of the urine, almost the chief indication to be filled in the treatment of scarlatina. If this be neglected, it matters little what others are met, your efforts to save your patient's life will prove a sad failure. We all know how detrimental a suppression of the urine is even in health. How soon the brain manifests its injurious influence! How speedily coma and death ensue if it is not restored! How important then that it should be perfectly maintained, where it is made one of the chief vehicles to expel morbid products from a suffering organization which must pass from the living world, and its constituent elements mingle with the air we breathe, unless promptly relieved.

Communications.

THE CHOLERA AS IT APPEARED AT THE PORT OF NEW YORK IN 1865.

By J. SWINBURNE, M. D.,

Port Physician.

The "Atalanta," an English mail steamer, iron-built, of 325 feet in length, and 36 feet beam, with two first and second cabins fore and aft on the deck, and three separate steerages of 98, 80 and 70 feet in length, and 8½ to 9 feet in height, sailed from London on the 10th of October, with a full cargo, and 28 cabin and 12 steerage passengers.

London was at that time perfectly healthy.

On the 11th she arrived at Havre, remaining only one day and receiving 24 additional cabin and 540 steerage passengers, mostly from Switzerland, the southern part of Germany and eastern France, all, with few exceptions, passing through Paris on their way to Havre, some remaining only a few hours, others for days in the Metropolis, when already at that time cholera was reported to prevail, though to a limited extent and of a mild type. Among these were two families from Germany, who remained a day at the hotel, "*City of New York*," at Paris, and five days at the "*Weissen Lamm*" and "*Hullgarder Hof*," in Havre. While at these hotels, emigrants who had arrived only a few days before them were taken ill, visited and attended by government officials, and by their orders sent to the hospitals.

The "Atalanta" sailed again on the 12th of October.

On the 13th the first death from cholera occurred in the person of a little child in the family from the "Wiessen Lamm."

On the 14th, 16th, 18th, 19th and 22d, five deaths from cholera occurred in one family from the "Hullgarder Hof."

On the 22d, a friend of the family, also from the Hullgarder Hof, but in the 2d steerage, sickened, and died on the 24th.

On the 28th, the first cases occurred in the 3d steerage; 3 of the emigrants from London were taken ill on the 30th, all of whom, however, recovered.

When the Atalanta arrived, the surgeon of the steamer reported 60 cases of cholera and 15 deaths during the passage; two more died after her arrival in port, and 6 out of 42 cases admitted on board the hospital ships, making a total of 102 cases and 23 deaths. Of the 42 cases treated in the hospital, 22 were admitted on the 6th; six on the 7th; two on the 8th; seven on the 9th; two on the 15th; three on the 16th; one on the 19th.

From the first case, the disease presented the uniform symptoms pathognostic of Asiatic cholera, and although in comparatively few cases terminating fatally, the same virus produced the milder forms of disease which destroyed life in 24 or even in 12 hours.

The "*Hermann*," which sailed from Havre at the same time with the Atalanta, arrived at the lower quarantine on the 26th of November. The physician in charge reported 7 deaths—4 children, 3 adults. The former he reported to have died of diarrhœa and inanition; the 3 adults of disease of the heart, inflammation of the bowels, and premature parturition after a few days illness. Singular, however, that the first death occurred in the very family who had lost the mother at the Hullgarder Hof at Havre, and whose disease and death, after 36 hours illness, the illiterate peasant, her husband, so graphically described, that no doubt whatever could exist, that she died of cholera asphyxia.

The "*Cella*," of the same line of steamers, arrived on the 20th from Havre with 360 passengers of the same class, and from the same region of country, but no case of sickness or death was reported during the passage and on arrival.

The "*Mary Ann*," an American bark, from Havre on the 25th of October, arrived on the 12th of December. The captain reported 5 deaths during the passage, 4 from cholera; the first died on the 28th of October, the 3 others on the 3d,

4th and 5th of November, after an illness of one to two days duration. On a small vessel, with a deck scarcely 6 feet high, and crowded to its utmost capacity, and without any special care or prevention, the disease disappeared, and all on board enjoyed good health for 30 days previous to her arrival in port.

The "*Harpswell*," which sailed on the 28th of October, a few days after the "Mary Ann," lost 7 infants during the passage, but no cholera cases occurred. Equally exempt were the two first class steamers "*Europe*" and "*America*," with passengers directly from Paris, where the majority had resided for some time previous.

That cholera prevailed in Paris, and to some extent in Havre, has been admitted by all, and what is still more significant, the "Atalanta," "Mary Ann," "Hermann," and Harpswell," had each names on the passenger list which were not among the passengers, but reported to have been sent to the hospital by the local authorities at Havre. The clean bills of health were unquestionably issued by the same spirit which reported 200 cases at Paris at a time when upwards of 300 daily died of cholera.

Although the appearance of cholera was not unanticipated in the port of New York, no facilities whatever were prepared for an efficient quarantine. The Atalanta was immediately, upon arrival, sent to the lower Bay, the surgeon of the vessel relieved, and as soon as the hospital-ship could be prepared and the weather admitted of the removal of the sick, they were all, and as they occurred, transferred to the hospital-ship; the baggage of the passengers was opened and aired; the soiled linen washed, and baggage, bedding, and personal effects of every kind subjected to fumigation in cool chambers prepared for that purpose. This fumigation was effected by a mixture of black oxyd of manganese, common salt—equal parts, well moistened—and the addition of sulphuric acid, one part to four. The generation of gas was so abundant that one of the hands of the boat could only be restored with difficulty and after hours' attention, from the effects of inhaling the gas, four hours after fumigation had commenced.

The quarantine of passengers has been decried as barbarous and inhuman; and certainly none would be more anxious to grant them better accommodations than the officer in charge. When we, however, consider that the disease is not in the vessel, but among her passengers, and will necessarily accompany them wherever they go, that the accommodations on board the vessel, if scanty, are at least adequate to their wants and such as they are accustomed to, the neglect of the authorities to provide proper accommodations, though not less flagrant, was at least shorn of its alleged inhumanity and barbarity, in fact, that debarcation does not eradicate the disease, any medical man will admit, and as an instance in proof, I may mention the case of the "North America," in 1854. Cholera existed on board of that vessel two weeks before her arrival in port. Ten of her passengers had died during that time, and 7 cases were sent to the hospital on her arrival. The day following, all her passengers were landed. In three days, 128 cases and 32 deaths occurred among 250 passengers, while the crew remained perfectly healthy, and no new cases could be traced to the vessel.

The passengers of the "Atalanta" received pratique ten days after the occurrence of the last case, and the vessel, a few days afterwards, was thoroughly cleansed and repeatedly fumigated.

As facts are the only true basis of inference, I have limited my observations to simple recital of facts. Facts alone can guide us in a practical rational quarantine, and however much even medical men may differ as to the mode of its administration, all, I think, must agree upon the necessity of quarantine, both of sick and exposed.

FRACTURE OF THE FEMUR; REFRACTURE, AND RECOVERY.

By Albert G. Walter, Surgeon,

Of Pittsburgh, Pa.

The narration of the following case will be of more than ordinary interest, as it reveals in a very striking degree the bountiful and ample resource of nature, by uniting a fractured limb even under the most unfavorable circumstances, unaided, nay, maltreated by lack of common sense and bad surgery. That any man, assuming the name and responsibility of a surgeon, yet ignorant of the common rules of practice, should be so reckless as to expose himself to reproach and ridicule for crippling a fellow-being, is strange, yet instances of such quackery are not rare, prostituting surgery and outraging humanity. The grave, covering the errors, omissions, and misdeeds of many so-called physicians, may be silent, yet a surgical case, if badly treated, remains a living memento to the ignorance and stupidity of the pretending surgeon.

Maria Francisca Hildenbrand, aged 8¾ years, of Allegheny City, Pa., of dark complexion and good constitution, had enjoyed uninterrupted good health. Three months ago, while sitting

upon the sill of an open window in the third story of the school-room, was pushed by a schoolmate out of the window, and precipitated upon the brick pavement below. The right thigh bone was thus fractured at the junction of the upper with the middle third, with contusion, but without breach of surface. On the road to her father's house, to which she was carried, she was met by a physician, who followed and volunteered his services to her parents, stating that it was a simple fracture, which would unite without much trouble. A common lath, about three feet long, such as is used by plasterers, was then speedily procured, and a foot-board, one foot square, pierced with several holes. The former was laid along the outside of the *uninjured* limb, having previously been nailed to the foot-board, which was placed against the soles of both feet. A few turns of a bandage, encircled the ankles and passed through the holes of the board, while the lath was fastened to the thigh and leg. Three common shingles completed the dressing, one being placed upon the front of the thigh, the second along its inner, and the last upon its posterior face. A few turns of a roller confined all the splints.

Thus dressed, without previous extension of the limb and coaptation of the broken fragments, no extension and counter-extension being kept up, the patient was left to the task of nature's resources, while the doctor, proud of his achievements, was over-sanguine in his expressions of a speedy and perfect cure. The agonies of the little sufferer, however, may well be conceived. as the powerful muscles of the thigh, restless under the continued irritation of the broken fragments, were in constant action, disturbing her sleep by startings, and making the movements of the body for the common purposes of cleanliness exceedingly painful to her, and very distressing to her parents. Four weeks of misery thus having been passed, the thigh, too, being ulcerated from the pressure of the shingles, nature, though unaided by the available means of common surgery, had accomplished her work in spite of the doctor, for the fragments had united in a vicious direction, it was true; but with the union of the bone some comfort to the patient, and freedom from pain was again restored.

Before this time had expired and while the dressings were occasionally renewed, the parents—simple-minded, yet watchful—had repeatedly expressed their apprehensions to the doctor on account of a very prominent swelling in front of the thigh, which was too palpable not to be noticed. Their fears, however, and doubts were promptly quieted by the doctor, who upbraided them for their ignorance, in not knowing that in nature's workshop a bony ring is thrown around the broken fragments in the same manner as a blacksmith puts an iron ring over two pieces of iron intended to be welded; the bump at the seat of fracture truly representing nature's bony ring for consolidating the fractured extremities. At the expiration of two weeks more, all splints were removed, the patient being kept in bed for two weeks longer, when she was allowed to walk on crutches, the case now being considered well and beautifully perfect. The doctor having finished his task, a bill of service amounting to sixty-five dollars, was at once presented; a reduction, which the parents asked, on account of the too apparent deformity of the limb, was promptly overruled; fifty dollars were received, the balance still to be collected, and the case dismissed by the doctor, with the full assurance that all was right, and that the unsightly lump would certainly disappear. For four weeks crutches were used, after which time the patient began to walk on her limb, though limping badly, with the bump on the thigh remaining as prominent as ever.

Distressed at the helpless and crippled condition of the poor child, three months after the receipt of the injury, the parents brought her to our office, when the following condition of the case presented itself. The right femur is shortened more than two inches, with knee and foot everted. Great deformity at the seat of fracture, in consequence of the upper fragment being tilted forward and upward by the action of the psoas and iliacus internus muscles, and everted, drawn outward, and semi-rotated by the action of the external rotators and glutæal muscles. Shortening of the limb being due to retraction of the lower fragment behind the upper one by action of the rectus muscles in front, and the biceps, semi-membranosus and semi-tendinosus behind, while the pectineus and adductor muscles gave it some inward direction. This deviation of the natural line of the thigh-bone and overlapping of its fragments was accompanied with a great curvature of the bone, and a very marked prominence at the upper and outer face of the thigh, caused by the pointed upper fragment and an adventitious bursa, of the size of a hen's egg—with thick walls, filled with serum, decidedly fluctuating, and giving a grating or cracking sensation by pressure—which was thrown out there by nature, in order to protect the muscles from the irritation of the sharp upper fractured extremity. The crease of the buttock is lowered

into a cleft situated in the posterior face of the limb, at the seat of fracture. The pelvis was found twisted toward the affected side and considerably lowered, while the right shoulder was drooping. In walking, the inner edge of the forepart of the foot touches the ground, the foot being everted as in talipes valgus. The thigh bone is firmly united.

Considering the great deformity of the limb and its shortening, the recent date of the injury and the youth and healthfulness of the patient, it was decided with the consent of the parents, to refracture the limb and to place it in proper position for re-union. Sulphuric ether and chloroform being administered, protracted and vigorous efforts were made by manual power to sever the fragments, which, however, were fruitless. The patient was then put to bed, cold-water dressings being applied to the limb. Not much reaction beyond mere sugillation followed. The patient got up next day, complaining only of soreness. Eight days after, on October 16, 1865, more effectual means for refracturing the limb were resorted to. Kindly and ably assisted by Drs. S. Barbour and W. W. Myers, the patient being fully under the influence of chloroform, which was administered by dropping it, drop by drop, upon a muslin cloth laid over the face, an incision, four inches long, was made along the outer face of the femur, over the seat of fracture, down to the bone. The thickened yet loosely adherent periosteum was detached all around from the fractured extremities with a bone chisel, a considerable quantity of bloody serum escaping at the same time from the divided bursa. The periosteum being held reflected toward the inner side of limb, the sharp-pointed upper fragment, projecting three-fourths of an inch, was removed by bone-nippers. Between it and the lower fragment was found a mass of new bone, wedge-shaped, one inch thick, uniting the upper oblique fragment to the lower one so firmly that repeated blows of a hammer upon a sharp chisel were required to detach it, the new bony substance being of unusual compactness—hard as ivory. Such being the condition of union of the fragments, the failure of breaking the limb by manual power was readily accounted for. The pressure of the adventitious bursa over the pointed fragment, irritating the muscles, was due to a wise provision of nature to shield them from injury, and make the abnormal state of the bone bearable to the system. The redundant callus having been removed, the limb was easily broken by pressing upon the lower fragment. Gradual extension was then made, while the broken fragments were replaced in their natural position, fitting as accurately as if newly fractured, the limb thus being restored to its natural shape and normal length. There was moderate bleeding during the operation, of a capillary character, no vessel requiring ligation. A tent of oiled lint was laid between the lips of the wound in its centre, a couple of iron wire sutures closing, and oiled lint protecting the same. The whole limb was now laid upon a long volar sheet-iron splint, well padded and protected with oiled silk at its femoral portion, reaching from the crease of the buttock to above the heel. Extension was kept up from above the knee and ankles by bandages and straps, fastened to a sheet-iron foot-board—a part of the long sheet-iron outer splint, which we are in the habit of using for fractures of the lower extremity. This long splint, answering the purpose of extension and reaching from the crest of the os ilii down to below the heel, was laid along the outside of the limb. Counter-extension, in the line of the os femoris, was made by a perineal band attached to a moveable bar in connection with the upper part of the long splint. A padded sheet-iron splint, somewhat hollowed, was laid along the inner face of the thigh from the groin to the middle of the leg, and a similar one in front of the limb, from the upper part of the femur to the knee. Layers of compresses were interposed between the long outer splint and the femur in such a manner that that portion of the thigh embraced by the wound was left free from pressure and open for re-dressing. Several pieces of tape were passed round the splints for their retention. Thus secured, the broken fragments were kept perfectly immovable, with the limb at full extension. The motions of the patient's body were free from pain and easily accomplished.

[To be continued.]

SURGICAL CONTRIBUTION.

By W. S. King, M. D.,

Brevet Col., Surgeon U. S. A.

I send you the following, from notes taken by one of the Surgeons of St. Joseph's Hospital, Philadelphia in 1862, at my request.

History. W. A. Davis, private Co. A., 84th Reg. Penn. Vols., age 23, enlisted in Bedford Co., Penn. Aug. 1861, and sent to Hancock, Md. From time of enlistment to period of active service invalided three days with rheumatism at Regimental Hospital at Hancock. Received three wounds at the battle of Winchester, Va., March 23, 1862.

Character of Wounds. 1st Wound. ball struck outside of external condyle of right humerus, and

glanced from the bone without injury to the muscles, leaving a mere abrasion of the skin. The arm was disabled from the inflammation; patient unable to use it several weeks.

2d. Wound. Ball (rifle) entered outer side of middle third of thigh, and passing inward glanced from the bone upward, making its exit one and a half inches to the inner side.

3d. Wound. Mississippi rifle ball struck centre of patella, right leg, passed directly through it and through the joint, making its exit a little to the inner side of centre of popliteal space, not more than three-quarters of an inch from vessel. Remained on the field of battle unattended from dusk until eleven P. M., when he was removed to the General Hospital at Winchester, Va., a distance of three miles.

It was several days before his wounds were examined and dressed by the surgeon. Opening of wound large, admitting finger. Surgeon passed a stream of water through the wound of joint. Considerable constitutional disturbance and severe pain from wound of knee. Not so much pain in other wounds.

Treatment. Cold water dressings; milk diet; morphia at bed time. April 1, 1862, was told *amputation would be performed* in upper part of thigh *next day.*

April 2, 1862. Taken by rail to Philadelphia and admitted to St. Joseph's Hospital. Suffered severely from travelling. Suppuration had set in from both wounds of lower extremity; especially abundant from that of thigh. Wound of knee; serum discharging from point of entrance; point of exit giving out healthy pus.

Water dressings continued. Wound of joint healed *before* that of thigh.

July 14th. Patient able to walk with the use of crutch; has slight motion of joint and ligamentous union of patella. This case shows that wounds of the knee-joint sometimes heal readily and kindly.

Double Vagina.

A strong healthy girl, says the *Wien Med. Wochensch.*, aged 18, was admitted into the hospital at Miskolez with gonorrhœa. On examination, Dr. Pepper found that there were two vaginal openings, separated by a septum five or six lines in thickness. The opening on the left side was patent, but that on the right was a mere slit. Both canals, however, yielded a discharge. The septum extended as far as the uterus, and probably through it, producing a double uterus. There was no communication between the two sides of the vagina. The clitoris and urethra were normal.

Hospital Reports.

Philadelphia Hospital, *October*, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Anchylosis of Elbow-joint.

Mary F—, æt. 30. Has had synovitis of the elbow, which has been followed by anchylosis. The arm is nearly extended. She was etherized, the adhesions broken up, and the arm put in a splint strongly flexed. In breaking up these anchyloses, it is a good plan to extend the joint first, and then flex it. She entirely recovered the use of the limb.

Paraphymosis.

Henry W—, æt. 25. Great œdema of the prepuce, especially about the frenum. A large chancre on the corona glandis. This must be cauterized before I interfere to relieve the paraphymosis; and for this I use the chloride of zinc, which I hold to be the best agent for this purpose. After cauterization, numerous punctures were made in the œdematous part through which the serum ran out, when the prepuce was returned to its natural position.

Fibrous Degeneration of the Testicle.

Thomas D—, æt. 50. Says he had gonorrhœa one year ago, and that his testicle swelled one week after. This resisted treatment and went on to an abscess which was opened in March last. It has been discharging more or less ever since. There are now two sinuses going into the testicle through which the pus issues. The organ is painful to the touch, enlarged and very hard, being more like bone than testicle. Its function is destroyed, it having undergone fibrous degeneration.

Treatment. I will enlarge the openings of the sinuses, pack them with lint, smeared with ung. zinci ox., and cover the whole with a poultice to develope the granulations in their bottoms. To reduce the size of the testicle, rub on it once or twice a day the following ointment.

℞. Hydrag. deutox., gr. ij.
Adipis, ℥ss. M.

When the skin becomes irritated, desist for a little while and then resume again. The testicle will very likely have to be removed before the patient can be cured. This treatment has been continued for six weeks. The man is improved, and the testicle smaller.

General Tuberculosis.

William T—, colored, æt. 45, born in Delaware. Temperate and married. He came into the house eight months ago, and has been a little more than one month under my observation. About four years ago he had a discharge from his urethra, which he denies having been gonorrhœa. This soon yielded to treatment. About a year subsequently he ruptured himself. Shortly after this he began to complain of pains in the region of his bladder, shooting down to the head

of his penis. In February last he first noticed a change in the color of his urine. In May following, his right testicle swelled and became very large. This soon subsided to about three times the natural size, and has remained so ever since. His suffering now became intense. Upon examination his prostate gland was found to be much enlarged. The passage of the feces over it gave him pain. The principal suffering is now at the head of his penis. The introduction of the catheter causes a good deal of pain, and is attended with very marked spasmodic contraction of the bladder. He is losing flesh rapidly, sleeps poorly, and has no appetite. Tongue is clean. Pulse weak.

Examination of the urine. Specific gravity 1.015. Neutral in reaction. It contains a large amount of pus and mucus, with a good many blood corpuscles. There is some albumen in it also, but not more than can be accounted for by the large amount of mucus.

Treatment. He has already gone through almost the whole category of remedies, with no improvement in his condition. His bladder now needs an alterative astringent. This must b very mild, and used very cautiously at first. We will begin by using an injection of four ounces of water, to which are added gtt. xij. of a solution of nitrate of silver, grs. xx. to f.℥j. I will have three wet cups applied to the hypogastric region. Internally, will give a lemonade tea made up with gum acacia, in a pint of which we will put f.℥ij. of sweet spirits of nitre. Will keep his bowels soluble by gentle laxatives, and at the same time give laudanum injections (per rectum) at night, to insure sleep. In addition, will pursue a general tonic course, with a moderate amount of stimulants. This treatment was kept up, the injections into the bladder being used every second day with a decided amelioration of the symptoms. This, however, did not last long, a pulmonary trouble of an obscure character supervening. There was slight dulness on percussion with exaggerated respiration over the whole of both lungs. These signs, taken in connection with the œdema of the lower extremities, which now speedily came on, led us to suspect a sudden tubercular deposit. The man now sank very rapidly, and died at 1 A. M., Nov. 8th, 1865.

Post-mortem. Heart normal. Lungs infiltrated throughout their whole extent with tubercular masses, varying in size from a millet to a hemp seed. These bodies were quite hard, semi-transparent and round. All portions of both lungs were hyperæmic, being almost in the condition of red hepatisation.

Alimentary Canal. The stomach was normal. The intestines were filled with gas. Their coats were contracted in some places, and possibly a little thickened.

Spleen. Was considerably enlarged and filled with a tubercular deposit. The proper structure of the organ had the appearance of dark colored currant jelly, and the masses of abnormal deposit, thickly besetting it, looked like, and were about the size of the ordinary white raspberry.

Liver. Had a good many yellow tubercles through it, and some of them quite large, but like those in the spleen, none of them had begun to break down. There were no signs of fatty degeneration.

Kidneys. The right was somewhat enlarged, and contained a few tubercles. The left was two and a half or three times the natural size. It was almost a mass of tubercle. This had undergone softening in the centre, a large cavity, one and a half to three inches in diameter, running almost the whole length of the organ. Its walls presented an irregular gnawed appearance, and had no lining membrane, save the broken down turberculous pus. There were bridges or partitions crossing it, and several small cavities with which it communicated. The whole opened into the pelvis of the kidney. On the external convex border was a large piece of the cortical portion of the organ, with the peritoneum covering it, which was gangrenous, being very soft, dark colored, with a fœtid odor, and having very nearly the appearance of grumous blood.

Bladder. The coats were thickened, and somewhat softer than natural. It contained quite a number of tubercles. These were in various stages. Some were still intact, others had broken down. Around the former, the tissues were in a state of chronic reaction and indurated. Some had already gone through their series of changes, resulting in ulcers with thickened edges, circular outline, and perforating the mucous membrane.

Prostate Gland. Much enlarged, and contained large masses of tubercular matter, yellow, and of the consistence of cheese. In no place had it begun to soften.

Testicles. The right, as stated in the antemortem examination, was about three times the natural size, and contained large tubercles, some of which had begun to break down. Others were still unchanged. The left was healthy.

Mesenteric glands were slightly enlarged.

The deposit in each of these organs was carefully examined by the microscope, and presented the usual appearance of such matter.

This case is one of extreme interest, both from the general tuberculosis and the appearance of the morbid material in organs not usually invaded by it. The kidneys may be attacked by deposition of this character in two ways. The first is the result of a very high degree of tubercular dyscrasia. In this case the organ on both sides is alike affected, the deposit is not great, occurs chiefly in the form of miliary tubercles, and is associated with, and is secondary to, tuberculosis in most of the parenchymatous organs, and the mucous and serous membranes.

In the second case, the renal tubercle occurs as the primary disease, and Rokitansky says, "Is limited to the male urinary and sexual organs." In this case it generally attacks the prostate gland or testicle, and from thence extends throughout the whole genito-urinary tract. In this form the disease principally invades one kidney. It has been asserted by some that this class of renal tubercle is a sequela of gonorrhœa.

This, however, is not proved. The microscope shows no difference in the two.

The question now arises, to which of these classes does this case belong? We are inclined to say, to the latter. The history decidedly leads to this conclusion. The man first had the symptoms of prostatitis. Then his testicle became inflamed and swollen. Finally, he had all the phenomena of chronic cystitis. Although the lesion in the kidney was so great, there was little, till comparatively late in the disease, to direct attention to those organs. Still later did pulmonary symptoms supervene. Then the post-mortem only revealed miliary tubercles in the lungs, while if they had been first attacked there would have been the lesions of advanced phthisis. Again, the kidney of one side was the principal seat of the disease. Lastly, there were no tubercles upon any of the serous membranes, nor upon any of the mucous membranes, except that lining the bladder, which would likely not have been the case in such extensive disease, if the deposit had been first pulmonary.

University Medical College,
New York, Dec. 11th, 1865.

Obstetrical Clinic of Prof. Chas. A. Budd.

Reported by S. Hendrickson.

Vaginal Cystocele.

Mary B. æt. 30 years, married three years, has one child, which is eight months old. She has been complaining since the birth of her child. She had an easy labor, of five hours duration, and got up for a short time on the second day after her confinement. Patient says that something comes out of the vagina. She experiences no difficulty in urinating.

On examination nothing was seen protruding from the vulva, but the os uteri was found one inch from its entrance. After causing the patient to *bear down*, further examination was made, and the existence of a cystocele discovered, which was verified by passing a sound down into this portion of prolapsed bladder. After exhibiting the case to the class, the Professor introduced a globular glass pessary, remarking, however, that this plan of treatment is only palliative; that the radical cure of such cases consists in reducing the calibre of the relaxed vagina, by removing a circular strip of mucous membrane around the base of the tumor, and then bringing the raw surfaces accurately in contact by means of silver wire sutures.

Retroversion of the Uterus with Congestion of the Cervix.

Ellen O., æt. 26 years, married, has one child, which is four years old; has not enjoyed good health since the birth of her child. Says that she had an easy labor. She complains of pain in the back, which is worse at night on going to bed, and on getting up in the morning. It generally wears away during the early part of the day. This pain is not increased by lifting, or by going up stairs. She is also much better during the time of menstruation. She has leucorrhœa sometimes. Her menses appear regularly every four weeks, but are irregular as to the time of their duration, lasting sometimes one, and sometimes three or four days. Appetite good, bowels rather costive.

Digital examination shows that the uterus is retroverted; it lies packed down behind the promontory of the sacrum. The sound passes without difficulty, and I can lift the uterus into its normal position; but it will remain there only temporarily. It will again topple backward to the position in which we found it.

Examination by speculum.—You will notice that the neck of the uterus is very much congested. It is puffy and swollen, and gives every evidence of congestion. Probably a portion of this congestion is due to the fact that the woman has just passed the menstrual period. But from the testimony of the patient herself, that she is much relieved during the period of menstruation, the inference is that her uterus is the seat of a congestion, which is relieved every month by a natural system of depletion. You can also understand the reason why this patient experiences more pain at night than during the day, for the dorsal decubitus then tends to increase the retroversion. Proceeding on the principle of position in favoring a return of the uterus to its normal position, some are in the habit, after having replaced the uterus, of insisting that the woman shall maintain a prone position in bed for a few hours.

Treatment.—We will imitate nature in depleting the uterus, by taking about half an ounce of blood from the cervix by scarification, and for the present leave the retroversion to take care of itself. Very frequently on relieving the uterus of its congestion, the retroversion gradually grows less and less, until the uterus again resumes its normal position. Should it not do so in this case, after the congestion is removed we will apply some mechanical support.

Procidentia Uteri.

Mrs. B., æt. 38 years, the mother of one child, which is ten years old. This patient first presented herself to the clinic on Nov. 20th. She has been in bad health since the birth of her child. She was at a Dispensary during the period of her confinement, and walked home on the ninth day after her delivery. She now complains of something coming down, and of pain in her right side. On examination the uterus was found to be completely procident, and ulceration on the right side of the os. The sound was introduced, and passed 5½ inches to the fundus.

This woman's uterus, gentlemen, is in a state of sub-involution. Among the causes of sub-involution may be mentioned, getting up too soon after delivery, and repeated miscarriages. In the latter case, the uterus has not time to return to its normal condition before pregnancy again supervenes. What is the treatment of sub-involution? It is, although it may seem at first paradoxical, very much the same as for superinvolution, or atrophy of the womb. In the latter condition, that of superinvolution, we assist nature in enlarging the cavity of the uterus, by the introduction of the sound, sponge-tents, etc. So in a case of sub-involution, by the introduction of a sponge-tent high up, and the occasional passage

of the tr. iodine to the fundus, we stimulate the absorbents of the uterus, and enable the organ to contract to its normal size. But there is no use in a case like this to treat the subinvolution until the uterus is replaced.

Treatment.—The uterus was replaced, and a globular glass pessary was introduced to retain it in position. This method is palliative, not curative, but it is certainly a great relief to the patient to have the uterus retained, instead of suffering the annoyance and inconvenience of having it constantly protruding into the external world. Besides, this woman is poor, and unable to spare the time which is necessary for a radical cure.

Nov. 27th, pessary replaced. Dec. 4th, pessary retains uterus in position, patient has much less pain in the side. Sound introduced—passed 4½ inches.

Dec. 11th, pessary of rather larger size introduced.

Medical Societies.

PATHOLOGICAL SOCIETY of NEW YORK.

Meeting, December 27th, 1865.

(Drs. Jacobi and Sayre in the Chair.)

Fibrous Recurrent Growth; Diphtheritic Deposit; Erratic Course of Bullet; Foreign Bodies in the Œsophagus; Dermary Cyst, Pelvic Abscess, Discharge of Hair; Gun-shot Wound of Brain; Atelectasis Pulmonum; Aneurism of Cerebral Artery.

Fibrous Recurrent Growth.

Dr. Sands presented a specimen obtained from an old lady, 64 years of age, mother of six children, married at 26, who had recently died of old age. Some time before her death a small pustule made its appearance on her left forearm, from which a tumor was developed, of very rapid growth, spheroidal in shape, which, on removal, was determined by microscopical examination to belong to the class of fibrous recurrent growths, devoid of any of the elements of cancer.

Diphtheritic Deposit.

Dr. Sands also presented a specimen of diphtheritic membrane, sent to him from Nova Scotia by a medical gentleman. The deposit was coughed up from the right tonsil and fauces, after the patient, a young man, had been subject to severe dyspnœa. He was seen by the attending physician some two hours after its ejection. The parts from which the membrane had been detached were found to present a raw and bleeding surface. Diphtheritic patches were noticed on the left tonsil and neighboring parts, but not so extensive and thick as the membrane thrown up. Patient recovered under sustaining treatment, and gargles of the *tinctura ferri chlor.*

Dr. Jacobi considered the dyspnœa from which the patient was suffering as due not to direct diphtheritic deposit in the air passages, but to the œdema which generally accompanies these deposits.

Erratic Course of a Bullet.

Dr. Sands next showed a bullet, which had been removed from a soldier, who had been wounded in June, 1862, by a bullet in the region of the upper right eye-lid. The wound was perfectly healed, when some time ago he presented himself at the eye dispensary for some slight trouble experienced in the organ. He had been examined by surgeons in the army, but no bullet had been detected. On close examination, a swelling was discovered behind the ear near the insertion of the sterno-cleido-mastoid, which, presenting the features of a hard foreign substance, was cut down upon, and proved to be an ordinary conical rifle projectile. It was imbedded below the above-named muscle, in the fibres of the splenius capitis. The case was remarkable, as it showed how extensively these projectiles may travel through, or in the neighborhood of important parts, without inflicting serious injury, or giving rise to much trouble.

Foreign Bodies in the Œsophagus.

Dr. Sands also presented a fish-hook and two chicken-bones, which had been removed at different times from the œsophagi of different persons where they had lodged. Their removal was effected with an instrument now generally used for that purpose—a large probang, armed at the end with a metallic sort of a hook. He had experienced considerable difficulty in removing these bodies, on account of a good deal of force which had to be used in withdrawing the instrument. In the last case, the foreign body was of unusual size—a flat chicken-bone, one inch and a half in length, and one inch in width. In all these cases the presence of these bodies was accompanied by great difficulty of deglutition, and more or less dyspnœa, so severe in one case as to threaten suffocation.

Prof. F. H. Hamilton stated that in his experience the removal of foreign substances from the œsophagus by means of these instruments was accompanied with great danger. In experiments which he had made on the dead subject, he had found that the instrument, on withdrawal, became almost invariably caught by the arytenoid cartilages, and could not be disengaged except by mere force. In one case that came under his observation, death resulted in consequence of the injuries inflicted by the forcible withdrawal of the instrument.

Dr. Sayre mentioned the case of a person who had swallowed a piece of oyster-shell, lodging in the œsophagus, and which was removed by an instrument recently introduced for the purpose of removing foreign bodies. It consists of a probang, with a mechanism so arranged that, after the introduction of the instrument below the place of lodgment of the foreign body, a circular brush is made to spread out, filling the tube, and on withdrawing the instrument, of course, the foreign body is swept out.

Dermary Cyst—Pelvic Abscess—Discharge of Hair.

Dr. Krakowitzer presented a very curious specimen, which he had obtained, by chance, from an abscess situated near the rectum. A girl, 12½ years old, of healthy family, had had typhoid fever last summer. During the first week of November last, she had the first signs of menstrual flow, lasting for about two days. About the end of November, she commenced to complain of pain in the limbs, especially the left, became feverish, suffered from pain in the abdomen, and her bowels were regulated with difficulty.

Three days before Dr. Krakowitzer saw her, she had been unable to pass water, and when he was called, he found her with an immense dilation of the bladder, which extended up to near the umbilicus. A catheter was introduced, and not a drop less than *three quarts* of urine evacuated. The labiæ and vulva were tumified, and discharged a good deal of milky mucus. The opening of the hymen was found large enough to admit a finger, and on examination the whole of the pelvic cavity was found filled by a soft fluctuating substance, which gave at first the impression that it was an hæmatocele. But, on further examination, it was discovered that the rectum was *in front* of, and *not* behind the swelling. An extensive pelvic abscess was diagnosed, and an incision made between the anus and coccyx gave vent to a considerable quantity of purulent matter. The finger was introduced into the wound, and the parts behind the rectum appeared to have been dissected off by the suppurative process. During the progress of this examination the finger met a substance imbedded in the abscess, which, on being withdrawn, was found to be a *bundle of hair*, or rather *two whirls of hair*, connected together by shreds, here presented. There were discharged, also, shreds of a cheesy-like matter, consisting of granular matter, crystals of cholesterine, etc. The *cause* of the formation of this abscess, in his opinion, was undoubtedly the presence of a *dermary cyst*, which had become inflamed, and caused suppurative inflammation. The child is doing well, with the exception that some paralysis of the bladder is left; the wound is still discharging healthy matter, but so far no other evidences of dermary cyst have been passed, such as teeth or bones.

The question as to the original seat of the cyst in this case is an interesting one. If in the ovary, it is difficult to comprehend how it should eventually get behind the peritoneum, and immediately in front of the sacrum. The origin of these cysts is considered as always taking place during fœtal life, by invaginations of skin, which, as development of the fœtus progresses, become entirely detached from the original structure and embedded in one of the internal organs. Cruveillhier describes two or three cases, and Virchow observed two dermary cysts in the brain of a new-born infant, where he could still find the traces of a canal leading from the cyst to the scalp.

Dr. Jacobi mentioned that he had seen bone and teeth in the testicle; the pelvis, as a general rule, was the seat of pre-election of these cysts.

Gun-shot Wound of Brain.

Dr. Richardson presented a specimen of gun-shot wound of the brain. The patient was a child eight years of age, who was accidentally wounded, a buck shot passing through the skull in the neighborhood of the left ear. The child had no treatment but rest, and recovered completely. Some time afterward it was attacked with, and died, of scarlet fever, when, on post-mortem examination, the buck-shot was found to have traversed the whole brain to the other side, through the lateral ventricles, and probably rebounding from the opposite walls of the skull, had become lodged in the brain, near its surface.

Atelectasis Pulmonum.

Dr. Smith presented the lungs and heart of a new born infant. Confinement had been easy, and the child born in the natural position. The child had commenced to cry after birth, but soon respiration began to be embarrassed, the surface became livid, and later cyanotic, body cool, and death ensued. The foramen ovale was found open, and there appeared to be a deficiency in the inter-auricular septum. The question arose whether the *atelectasis* is sufficient to produce the difficulty of circulation.

Dr. Jacobi noticed in this specimen that the *thymus* gland was very large, thick, and heavy, and he had very little doubt that the pressure of the thymus gland upon the lungs was the immediate cause of the atelectasis, and the subsequent difficulty of circulation.

Dr. Sayre alluded to *eight* or *ten* cases of atelectasis collected and recorded by Dr. Roberts, in all which the *thymus* gland was found unusually large, and seemed to have led to the atelectasic state of the lungs.

Aneurism of Cerebral Artery.

Dr. Draper related the case of a patient in one of the hospitals, who had died suddenly, under all the symptoms of cerebral apoplexy. On autopsy sanguineous exudations and blood-clots were found, proceeding from an aneurism of one of the cerebral arteries, which had burst.

Editorial Department.

Periscope.

Sanguineous Discharge from Vagina of an Infant.

Dr. Birchenhull relates a case of quasi early menstruation in the *British Med. Journal*. On the morning of the fifth day after birth, a female infant, largely developed, was subject to a florid, muco-sanguineous discharge, accompanied by injection of the labia. On the third day, the vaginal discharge assumed a somewhat brownish color; but on the fourth, it became florid, as at

first, and terminated on the fifth with a dark clot, such as not unfrequently occurs at the close of the usual menstrual period.

There was no recurrence of this particular phenomenon, but, at the end of the month precisely, from the period first indicated, there was a transudation of sero-sanguinecus fluid, from the mucous surface of the bowels, which continued for a day or two only, and without any deviation from the natural state of the alvine evacuations.

Softening of the Stomach in Children.

In an article on this disease, published in the *Australasian* (Melbourne) *Med. and Surg. Review*, the following table of 112 cases is given, showing the relative liability of the different ages:

Ten were under 3 months, the two youngest being 10 and 15 days old; four others were 5, 6, 8, and 9 weeks; the remaining four being between 10 and 12 weeks.

20	were	between	3	and 6	months.
10	"	"	6	" 9	"
14	"	"	9	" 12	"
20	"	"	12	" 15	"
12	"	"	15	" 18	"
6	"	"	18	" 21	"
2	"	"	21	" 24	"
10	"	"	2	" 3	years.

8 were beyond 3 years, but not more than 4½ years. Sexes nearly equally liable.

—— Prophylaxis of Asiatic Cholera.—Dr. Henry Mac Cormac, of Belfast, in the *Dublin Med. Press*, strongly recommends the use of aromatic or dilute sulphuric acid as a prophylactic in cholera, which in his copious experience has proved very efficient.

Reviews and Book Notices.

NOTES ON BOOKS.

Radcliffe on Epilepsy, Pain, Paralysis, etc.*

This is a remarkable book. It is almost entirely original in its idea, and very clear and forcible in its expression.

There are *two* ideas in the work, indeed. One is theoretical, the other practical. Copying the author's brevity, we may say that we consider the theory unsustained, at least *unproven*, but the practical precept essentially sound. The theory is, that all nervous and muscular action is to be explained by reference to the natural electricity of the body; nervous action being the result of a state of reversal in the electrical relations of the exterior and interior of the nerve-fibres, giving rise to a *discharge* of electricity "analogous to that of the torpedo;" and muscular action attending a like reversal of the ordinary relations of the longitudinal and transverse surfaces of muscular fibres, causing *abstraction* of the electricity which kept the muscle dilated: all contraction of muscles therefore depending upon *absence* or *diminution* of "natural electricity."

The errors we perceive in his reasoning (which we have very carefully studied throughout) are chiefly—the confounding of *rigor mortis*, and of *convulsive* or *spasmodic* action of muscles, with ordinary, *normal* muscular contraction; the almost total ignoring of Grove's now indispensable theory (just *mentioned* by the author) of the mutual convertibility of all the physical forces, or modes of force, so that he unscientifically confuses terms of force and of quantity; and that he claims too peremptorily to have simplified the theory of nervous and muscular action under a physical law, while he leaves yet unexplained the *reason* or *cause* in any case of the "reversal" alluded to above, and only puts instead of the ordinary theory a double hypothesis, assuming two sets of contradictory properties in the different molecules of muscle and nerve; namely, their "natural" *attraction* for each other, which draws them together, and their "natural" *electricity*, which keeps them apart. We do not say that this can be disproved; but, that Dr. Radcliffe has not proved it.

The *practical* teaching of this volume is to the effect that epilepsy and other morbid affections of innervation and motor action, belonging to a *debilitated* condition, should be treated not by depressing measures, but by *support*. We believe in this, whatever the theory of normal muscular motion may be, spasm and convulsion are, at all events, phenomena of disorder connected, as a rule, with general or local weakness; usually both. The reform which Dr. Radcliffe contributes to by this book is part of a broader reform in the general principles of therapeutics, going on not without agitation, but with a period of transition, in the medical world. It is getting to be understood that debility is *pars magna* of every and all disease; many are now so much occupied with this, that they forget everything else. But it is quite time for discrimination to be clearly and always made, as to the real purpose in view of the treatment of active or violent symptoms—as to what is, and what is not to be aimed at: that strength and excitement, normal vital energy and abnormal functional movement, be not confounded. Often we are called upon to reduce *excitement;* never to lower strength. Never, we repeat, has the physician reason or right, as a purpose, to diminish the vital strength of his patient in treatment of any disease. With Dr. Markham, Chambers, and others, we believe that at times a moderate loss of blood (for example) *does not* lessen, but economises strength; and *therefore* we think it, in its place, useful and allowable.

All this might seem trite and redundant, were it not that most recent practice and controversy in therapeutics omits its recognition. We repeat, however, that Dr. Radcliffe's book is an important as well as interesting one, which has already made its mark upon the medical thought of the day.

* *Lectures on Epilepsy, Pain, Paralysis, and certain other disorders of the Nervous System.* By Charles Bland Radcliffe, M. D., Fellow of the Royal College of Physicians of London; Physician to the Westminster Hospital, and to the National Hospital for the Paralyzed and Epileptic, etc., etc. Pp. 280 *Price*, $2.25.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 13, 1866.

MISMANAGEMENT OF SANITARY MATTERS IN NEW YORK CITY—THE REMEDY.

"SHALL WE HAVE THE CHOLERA OR SOME OTHER DREADFUL DISEASE IN NEW YORK?—We ask this question seriously, as the accumulated filth in the streets of this city gives us reason to apprehend some fearful disease as soon as the severe cold weather shall begin to pass away."—*N. Y. Herald.*

We are glad to hear that the *Herald* asks this question "*seriously.*" For the city of New York was never in a more dangerous condition regarding the outbreak of epidemics, than it will be at the approach of the warm season, if the most stringent measures are not at once adopted to clean the whole city, and to remedy defective sewerage and drainage. We almost fear that it is already too late. The work of removing the accumulated filth of official neglect for years is herculean, and it will take months and months to put the city in anything like a favorable sanitary state, even if the authorities are *willing.*

There is, however, but *one* really efficient remedy. The city of New York, it seems, cannot take care of herself. The police department was once as badly and blunderingly managed as the health department is at present. The legislature stepped in and provided the city with a good, efficient system of police, which is now appreciated by every citizen. *Let the legislature immediately* provide for the passage of a thorough strict *health bill,* by which the sanitary interests of New York will be taken out of the hands of corrupt politicians, and placed under the control of independent, good Commissioners, under the guidance of sound medical advisers. No time is to be lost. There is such a bill on the *tapis,* and the representatives of the people at Albany have no business before them so important and demanding so urgent action as this. The whole country is vastly interested in the sanitary condition of its Commercial Metropolis, and it is the duty of the State authorities to act in the matter at once, when the doleful experience of many years has fully demonstrated the utter inadequacy of municipal legislation and administration in this respect.

Since the above was written, we have received the annual message of Governor FENTON, and take encouragement from that part of the document referring to the subject. He says, after speaking of quarantine:

"Intimately connected with the management of quarantine, though distinct in its character, is the administration of the laws relating to public health in the cities of New York and Brooklyn, and the villages bordering on the bay. It is very generally conceded that the existing laws upon that subject, especially those affecting the city of New York, are radically defective and require essential modification. The sanitary control of the city is now mainly vested in two separate boards, the one being the Board of Health, composed of the Mayor and Common Council, and the other a board composed of the Mayor and Commissioners of Health. The powers of the former are almost unlimited, and it has a duration, when once convened, limited only by the official term of its members. The powers of the latter are restricted and insufficient to remedy the evils which exist. The policy of continuing in being two boards, with separate and unequal authority is at least questionable. It will be for you to determine what reformatory legislation is required. The success of the Metropolitan Police law, and of the law creating the paid Fire Department in New York city, as far as it could be tested with the limited opportunities and experience since the organization of the board under it, furnish a strong argument in favor of some similar provision for protecting the public health of the same populous territory. The subject will, I doubt not, receive from you such attention as its importance demands."

TENEMENT HOUSE MURDER—"SMOKING OUT THE ARABS."

It seems not enough that the owners of tenement houses in New York, in their rapacious business of herding poor people together like beasts, neglect every sanitary and hygienic principle in the construction of these dwellings, and have a slow but perfectly legal way of killing annually thousands of men, women and children by foul, vitiated air, filthy yards, poisonous cesspools, and that they are aided in these humane endeavors to prevent an overgrowth of population, by the miserable, thieving, robbing men, whose theoretical business it is to clean the streets, and to attend to efficient drainage and sewerage, but whose practical business consists in cleaning the people's pockets and draining the public treasury—they have now struck upon a new mode of *ejectment,* which certainly deserves a premium at the devil's exhibition of fine arts.

A family—the MCGAGHAY—reside at No. 597 Grand street, New York. They pay their rent. But a Mr. HUNTER, who acts as agent for the landlord, wants the MCGAGHAY's to vacate, because a tinman, doing business on the same floor, is anxious to obtain their apartments, and probably has promised more rent. Legally he cannot force them to leave. But the refined business talent of a New York tenement-house agent knows how to overcome the difficulty. Did not

the great French General once *smoke out*, or *smother*, a few thousand Arabs who had fled into a cave? Strategy, sublime strategy, worthy to be imitated by this New York Pelissier!

So he employs a man to cut a hole in the flue on the third floor and insert a flat stone across it, thus destroying the draught from McGaghay's room. He then watches the result of his stratagem, which is found in the following testimony:

Francis Gaghay, Sen.:—Deceased were my mother and my son; yesterday morning about one o'clock I came here and found my mother awake; there was a small coal fire in the stove; I asked what made the fire burn so much better; she said she did not know, but that it burned better than it had for two weeks; I told her the chimney must draw better; from the first time we have had our stove connected with this flue it has always smoked; on Friday last I tied a brick to a string and lowered it down the flue from the roof, and found the chimney blocked about eight or nine feet from the top. I went to a room on the third floor to ask permission to examine the flue in the room, but a girl refused me admission; my mother was lying on a bed in the room where the stove was; my son was lying in an adjoining room, the door being partly open; soon after I got home my son tried to vomit, I took him out of bed; he seemed to be stupid; he was affected with nausea while I had him on my lap; becoming quiet, I laid him down again in bed, and shortly my sister was affected with the same symptoms. I felt drowsy and laid down with the child, and I knew nothing till nine o'clock last night, when I found myself at No. 313 Monroe street; I have lived at 597 Grand street for nearly eight years, and the brother of the agent drove me from the Monroe street side of the premises to the Grand street side; I have not used the flue in Grand street since last winter; I only used it occasionally, but there was no trouble then, but ever since we put the pipe into the flue this time it has smoked. When I came home on Sunday morning it then drew well; there was no smoke or particular smell in the room that I noticed when I came home Sunday morning.

Ann McGaghay testified that she was affected the same as the previous witness, and corroborated his testimony.

John Beach, M. D., being sworn, says:—I have made a post-mortem examination of the bodies of Rosa McGaghay and Francis McGaghay, now lying dead at 597 Grand street. The body of Mrs. McGaghay externally presented no unusual appearance, but that of the child showed half of the right side of the face to be ecchymosed. Upon the examination of the internal organs of Mrs. McGaghay, the lungs were found firmly adhering to the pleura costalis, and the apex of both were tuberculous; they were both congested and of a peculiarly dark hue. The stomach was congested, and kidneys and liver were slightly fatty. The lungs of the child were healthy, as were all the other internal organs, but presenting the same congested appearance as in the case of Mrs. McGaghay. The stomachs in both cases were empty and emitted only the usual odors. In my opinion death was the result of inhalation of poisonous gas.

Mary Cosgrove and others testified as to the condition of the deceased, and the other inmates of the apartments, when they were found; the whole testimony with that of the examining physician, leaving no doubt as to the cause of death and the intention on the part of Hunter to drive these people out by this means.

The jury rendered a verdict:—That the deceased came to their death by suffocation by inhaling coal gas, through the action of Edwin B. Hunter, in having a stone placed in the flue of the chimney leading from the room where deceased resided, at 597 Grand street, on December 31, 1865.

The accused was detained, and will be held for the action of the grand jury.

Notes and Comments.

Weekly Papers.

We have had occasion of late to speak of a new class of literary papers that are springing up in our larger cities, viz., weekly papers of a higher order of literary merit than we have been accustomed to. The *Nation*, published in New York, an original and excellent paper of this class, has been for some time before the public.

This week we have two more, the *Journal of Opinion*, Howard Hinton & Co., No. 2 Franklin Square, N. Y., and *Every Saturday*, published by the enterprising firm of Ticknor & Fields in Boston. The former is $4, and the latter $5 a year. Neither of these journals are original, but made up of selections from the current literature of the day, the first including both American and Foreign literature, and the last, Foreign literature alone.

This is a very useful class of literary journals, and we doubt not they will attain a large circulation.

Ticknor & Fields deserve encouragement in their literary enterprises, which are all first class. They comprise the *North American Review*, quarterly, the *Atlantic Monthly*, and *Every Saturday*.

Appointments.

At a late meeting of the Board of Guardians, Dr. F. F. Maury was appointed Surgeon of the Philadelphia Hospital, in place of Prof. Gross, resigned. Dr. Maury has for some time been Physician to the Obstetric wards of the same hospital. Dr. R. M. Girvin has been appointed to the latter position, made vacant by the transfer of Dr. Maury. Dr. Girvin is also Recording Clerk of the Hospital.

Chloroform Accidents.

Dr. CHARLES KIDD, of London, in a letter to the *British Med. Journal*, refers to chloroform accidents, in connection with a case of death from chloroform which recently happened in Australia. He states, that during this year (1865), he has extracted notes from various newspapers and medical journals, of over a dozen deaths by chloroform; "deaths lying *perdu*, as it were, or hidden, but all bearing out the views of 250 others, that he in vain collected and offered the *British Medical* and other weeklies."

A case of death, during the administration of chloroform, recently happened in the city of New York, and although it was ascribed to concomitant heart disease, the further examination of that organ did not reveal an abnormal condition to warrant any but the conclusion that the death was really and directly due to the anæsthetic.

There is no fact more positively established, than that chloroform will sometimes produce death, in spite of all precautionary measures, and in the absence of any organic diseases, which are supposed to contra-indicate its use. If our readers will refer to the remarks of Prof. DALTON, before the New York Academy of Medicine, published in the REPORTER over five years ago, the observations of that eminent physiologist will appear conclusive on this point. It would seem that the use of ether or of nitrous oxide is much safer, although more tedious, and attended with more trouble, to the persons administering the anæsthetic. We think, however, that risks of destroying life by chloroform, demand its abandonment except under peculiar and pressing circumstances.

The Cattle Plague and Homœopathy.

Our excellent friends of the *British Medical Journal* are "stirred up" by the London *Times*, whose medical adviser, editor, or what not, advocates homœopathy in the treatment of the cattle plague, and they devote two columns in a late number to the subject.

This seems to us paying too much attention to that class of newspapers to which the *Times* belongs. On this side the Atlantic, we laugh at such things. The *London Times* and the *New York Herald*, although both claim, and probably have, the largest circulation of any daily paper on their respective continents, actually wield less influence on public opinion than any country newspaper of a thousand subscribers. Why? Because everybody knows that they sell themselves to the highest bidder, and that they denounce as a lie to-morrow what they preach as truth to-day. This class of papers have long ceased to be a power in the State.

Correspondence.

DOMESTIC.

Quarantine at Sandy Hook.

Audi alterem partem.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In your issue of November 25th, speaking of the committee appointed to select a suitable position on Sandy Hook for a quarantine, you also remark: "It strikes us that New Jersey, etc., etc., is quite as much interested in this matter as that city herself."

Being a resident, near to the location spoken of, and being acquainted with the objections of the people of this section respecting the quarantine, I deem it but justice to the members of this community to make an explanation. The citizens of New Jersey, and especially Monmouth co., are equally interested with the citizens of New York, in preventing the advent or spread of cholera, or any other disease, consequently they refuse to receive in their *midst*, pest-houses, which New Yorkers reject from their *borders*. At a period, not beyond the memory of men now living, New York very *modestly* demanded Staten Island for the same purposes, which was granted. When, however, to serve the views of land speculators, the quarantine buildings were burned there, with impunity, the same *modest* demand was made for Sandy Hook. This not being complied with, the General Government has been importuned to grant the privilege of establishing these buildings on the grounds leased them for military and naval purposes. Hence a committee has been appointed to select a suitable site for said buildings. The position considered the most eligible for these purposes is a point near what is known as the Cove on the Neversink river. It is some miles from the fortifications at Sandy Hook point, and just inside the Government line, this being selected with "due reference to the safety of our troops stationed there," but regardless of the safety of the inhabitants, one mile across the river, where, in addition to a large and thriving population, the Neversink Highlands are made a summer resort for several thousands every year. These grounds are contiguous to the terminus and dock of the Sandy Hook and Sea Shore Railroad, which conveys thousands during the summer season to the hotel at Long Branch, only four miles further on. Within an area of a few miles there is a population of twelve or fifteen thousand, many of whom make this railroad their communication with New York, thus running

the same amount of risk that the soldiers would at Sandy Hook, were it near them.

If New York cannot find any other suitable place, the southeast end of Long Island is as eligible as Sandy Hook, and far more remote from population. Thus, although the inhabitants of New Jersey are willing to do all in their power to resist the encroachments of disease, they can not see the force of any reasoning, which would induce *them* to *contract* an epidemic for the purpose of saving their neighbors.

T. G. Chattle, M. D.

Long Branch, N. J., Dec. 11, 1865.

News and Miscellany.

Comic Medical Examination.

Dr. D. B. White, of Newcastle-on-Tyne, quotes, in an annual address to the Northern Branch Medical Society, from Molière (*malades imaginaire*) the following comic account of a medical examination of his day. The parties speaking are, the President, the examining Doctors, and the Candidate. After the President's address, the examination begins:

Primus Doctor.

Si mihi licentiam dat Dominus Præses
Et tanti docti Doctores,
Et assistantes illustres,
Tres-savanti Bacheliero,
Quem estimo et honoro,
Domandabo causam et rationem, quare
Opium facit dormire?

Bachelierus.

Mihi a docto Doctore
Domandatur causam et rationem, quare
Opium facit dormire?
A quoi respondeo:
Quia est in eo
Virtus dormitiva
Cujus est natura
Sensus assoupire.

Chorus.

Bene, bene, bene, bene respondere;
Dignus, dignus, est entrare
In nostro docto corpere,
Bene bene respondere.

Secundus Doctor.

Cum permissione Domini Præsidis,
Doctissimæ facultatis
Et totius his nostris actis
Companiæ assistantis,
Domandabo tibi, docte Bachcliere,
Quæ sunt remedia,
Quæ in maladia,
Ditte hydropisia
Convenit facere?

Bachelierus.

Clysterium donare,
Posteo seignare
Ensuita purgare.

Chorus.

Bene, bene, bene, bene respondere, etc.

The same answer is always given by the candidate until the

Quintus Doctor.

Mais si maladia
Opiniatria
Non vult se garire
Quid illi facere?

Bachelerius.

Clysterium donare
Postea seignare
Ensuita purgare
Reseignare, repurgare, reclysterare.

Chorus.

Bene, bene, bene, bene respondere, etc.

Permission to practice is given as follows:

Præses.

Ego cum isto boneto
Venerabile et docto
Dono tibi et concedo
Virtutem et puissanciam
Medicandi,
Purgandi,
Seignandi,
Percundi,
Taillandi,
Coupandi,
Et occidendi
Impune per totam terram.

Then the concluding chorus of salutation:

Vivat, vivat, vivat, vivat, cent fois vivat,
Novus doctor, qui tam bene parlat,
Mille, mille annis et manget et bibat
Et seignet et tuat!

The Mortality of Philadelphia.

The deaths in the city reported during 1865 were as follows:

Total number of deaths in 1865	17,169
Total number of deaths in 1864	17,582
Decrease	413

Of the whole number in 1865, 15,772 were whites, and 1397 colored. Total males, 9273; females, 7896; male adults, 4330; male children, 4943; female adults, 3637; female children, 4239.

The number of deaths occurring during each month of the year 1865 was as follows:

Months.	Males.	Females.	Adults.	Children.	Total.
January	739	634	658	715	1373
February	870	680	743	807	1550
March	999	869	924	944	1868
April	775	636	722	689	1411
May	681	546	667	560	1227
June	939	751	787	962	1690
July	969	869	630	1208	1838
August	934	825	702	1057	1759
September	570	470	484	556	1040
October	582	502	534	550	1084
November	647	638	676	609	1285
December	568	476	519	526	1044
	9273	7896	7987	9182	17,169

The nationality of the deceased during the year was:

United States	13,032
Foreign	3,056
Unknown	1,081

The Rinderpest.

Dr. Andrew Smart concludes his report on the Rinderpest, (Edinburgh,) as follows:

1. The mucous membranes manifest the diseased condition principally.

2. They do not all exhibit precisely similar morbid states, nor suffer to the same extent.

3. In some of the membranes the pathological condition is constant and characteristic, in others it is variable.

4. Many of the pathological appearances present in the diseased organs are not peculiar to this malady, and are not distinctive. Thus the state of the bowel in the muco-enteritis of cattle closely resembles that presented in this disease.

5. The condition of the bladder and uterus is such as occurs in all congested states of these organs.

6. The heart, liver, kidneys, and spleen may be regarded as functionally healthy. They are in the condition which results from exhausting disease of any kind, while the lining membrane of the air passages exhibits the morbid change which occurs in acute bronchial catarrh.

7. The remarkable rings or patches found on the folds of the third stomach were found present in only a proportion of all the cases examined, and are not consequently distinctive.

8. The condition of the membrane of the fourth stomach is invariable. It likewise manifests the morbid changes in their most advanced and destructive form. It is therefore the most characteristic pathological lesion. The swollen, congested, and aphthous vulva, and aphthous mouth, have also been found invariably present. When these morbid conditions concur with that of the bowel in the same animal, the group is complete and decisive.

9. As regards negative conditions, there is no ulceration, and very rarely any trace of inflammatory products.

10. The reddened color of the membranes is due to congestion in its extreme form, and not to ecchymosis or extravasation.

11. Emphysema of the lung is not, as has been stated, a concomitant of the disease.

12. Present information would appear to indicate that the blood, instead of being "watery and deficient," is in an opposite condition—viz., that the water is deficient, and the fibrine increased.

13. We must not omit to mention an invaria ble and characteristic feature of the disease—namely, the smell of the diseased parts, and especially of the abdominal viscera. The odor, once experienced, can never afterward be mistaken. It is peculiar and distinctive.

14. As to complication, a proportion of two-thirds of all the animals were affected with pleuro-pneumonia.

The Hastings Medal.—The subject of the Prize Essay offered for competition by the Council of the British Medical Association is "On Shock after Surgical Operations and Injuries." The essay not to exceed twenty-four pages of the *British Medical Journal*, and to be sent in before July 1st, 1866.—*Dublin Med. Press.*

Pension Examining Surgeons.

We note the following recent appointments:

Kentucky.—Dr. John Shackleford, Maysville; Dr. W. Ely, Catlettsburgh; Dr. W. O. Phillips, Poplar Plains.

Curious Effects of Epidemics.

The visit of the cholera to Europe seems to be as fatal to birds and beasts as to man. We hear of wild birds as well as domestic beasts dying in large numbers. In England sheep, cows, and horses are visited as with a plague. In Belgium poultry is attacked the same way. In Paris the dread of the cattle disease is such, according to a correspondent of the *London Times*, that all dogs running at large are to be killed, lest they become agents for the transmission of the contagion. A common impression is that these various forms of disease among the lower animals, also the abundance of insects, are a precursor of the cholera, and originate in a vitiated atmosphere. The frequent shocks of earthquakes denote that the magnetic and electric currents which course through nature are producing great internal disturbances of the globe, and the facts may be related to each other as cause and effect.

Insanity of Jobert de Lamballe.

A correspondent of the *Temps* states that the peculiar character of the insanity of Dr. Jobert de Lamballe, the eminent surgeon, is an almost total loss of memory. What he says one minute, he has entirely forgotten the next. Several times in the course of the day he will tell his attendants to get his carriage ready, as he has important calls to make. When informed that his carriage is waiting, he will hastily go out, but before he takes ten steps he forgets all about his intended visits, and returns to his room. It is said that Dr. Nélaton will succeed him as surgeon to the Imperial family.

Microscopical Societies.

A second Society for the cultivation of microscopical science has been formed in London, under the name "*Quekett Microscopical Club.*" Its purpose is to afford to microscopists, in and around the metropolis, opportunities for meeting and exchanging ideas without that diffidence and constraint which an amateur naturally feels when discussing scientific subjects in the presence of professional men. It numbers nearly a hundred members. It is is in nowise hostile to the Society of London, by which it has been received in perfect good fellowship. Dr. Lankester is President.

The number of Students attending the present course of lectures in the Medical Department of the University of Michigan, is said to be 450. The regular faculty consists of ten professors, and the course of instruction is six months.

Quack Medicines in England.—From returns it appears that the Chancellor of the Exchequer has received the enormous sum of £55,333 for duty on quack medicines.

The Cholera in Spain.

The United States Consul at Port Mahon writes to the State Department that the cholera has nearly disappeared from that province, and says that the mortality in Spain has been far greater than will ever be known.

Vital Statistics of France.

There are in France 18,741,067 women, and 18,645,276 men. Of these, 8,579,016 are unmarried, 4,479,850 of whom are women. The number of married men who live with their wives is 7,508,766. The proportion of widows of twenty to widowers of the same age is as 820 to 81.

Infanticide in Great Britain.

"It was resolved," says the *Dublin Med. Press*, "at the Warwickshire quarter sessions this week, 'that a memorial be presented from this Court to Secretary Sir George Gray, calling attention to the great increase of infanticide and concealment of birth in children, and urging the necessity of some amendment of the law with a view to remedy the evil.'"

A step in the right direction—but the memorial should also include abortion.

Vaccination.—Previous to the discovery of vaccination, and when the population of Great Britain was only 10,000,000, the number of deaths annually from small-pox was 30,000. Now, with a population of 30,000,000, the number of deaths is less than 10,000.

—— A profound observer remarks: "I have often noticed at public entertainments, that when there is anything to be seen, and everybody wants particularly to see it, everybody immediately stands up and effectually prevents anybody from seeing any thing."

The same observation too often holds true in regard to demonstrative clinical instruction.

—— "Mistakes in Surgery," observes J. L. Petit, "are only faults when we have the courage to publish them; but they become crimes when our pride induces us to conceal them."

—— There are at present in the service one hundred and seventy surgeons and assistant surgeons belonging to the regular army.

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey, will be held at New Brunswick, on the fourth Tuesday, 23d) of January, at 7 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. Ab'm Coles.

History of the Society by Dr. Wm. Pierson, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

William Pierson, Recording Secretary.

Dec. 16, 1865.

MARRIED.

Bliss—L'Aselle.—In Brooklyn, Jan. 3, Charles Bliss, M. D., late of Pittsfield, Mass., and Julie S., daughter of the late Hon. Louis M. L'Aselle, of that city.

Dolliver—Gregg.—In Boston, Dec. 21, by Rev. Dr. A. L. Stone, J. Winthrop Dolliver and Josie M., youngest daughter of Samuel Gregg, M. D., all of Boston.

Dougall—Oakes.—Jan. 4th, by Rev. Geo. Cooper, Dr. Charles Dougall and Miss Annie Oakes, all of Milton, Pa.

Leggett—Everson.—At Waverly, N. Y., Dec. 28, by Rev. E. S. Johnson, Dr. A. Bleecker Leggett, eldest son of Rev. John H. Leggett, of New York, and Charlena, daughter of the late Chas. Everson, Esq., of Wallkill.

Mackellar—Wiltbank,—Jan. 3d, by the Rev. J. H. Suydam, Mr. William B. Mackellar and Alice C., daughter of the late John Wiltbank, M. D., both of Germantown.

Meckly—Frederick.—On Jan. 1st, 1866, by the Rev. J. I. Mombert, Dr. T. W. Meckly, of Milton, Pa., and Lillie E., daughter of John Frederick, of Ephrata Mountain Springs.

Medlin—Brush.—On Dec. 27, 1865, at the house of the bride's father, by Rev. George Bringhurst, P. P. Medlin, M. D., of Newbern, N. C., and Miss Fannie L. Brush, of Philadelphia.

Richards—Gideon.—Shurtleff—Gideon.—At Chicago, Ill., Dr. R. T. Richards and Miss Speedy Gideon; and Dr. B. K. Shurtleff and Miss Lydia Gideon.

DIED.

Eltinge.—At Kingston, Ulster co., N. Y., Dec. 27, 1865, of diphtheria, Jennie Halsey, only child of Dr. Edgar and Elizabeth Eltinge, aged 7 years and 12 days.

Foulke.—In this city, on the 30th ult., of scarlet fever, Charles Antrim, son of Dr. John L. and the late Anzonetta P. Foulke, aged 3 years.

Mayburry.—On the 3d inst., Louis Audenried, infant son of Dr. Wm. and Amanda E. Mayburry, aged 2 months.

Roberts.—In New York, Jan. 3, John Louthain Roberts, M.D., aged 35 years.

Thorn.—At Yellow Springs, Green co., Ohio, on the 10th Dec., Howard Thorn, son of Dr. Elihu Thorn, aged 16 years, 3 months, and 5 days.

Williams.—Dec. 24, 1865, of pneumonia, Lillie May, infant daughter of Dr. A. F. and Mary J. V. Williams.

OBITUARY.

Dr. J. B. Luden.

Dr. John Bernhard Luden died at Huntingdon, Pennsylvania, Sept. —, 1865.

Trained in the best medical schools of Europe, he came to this country in 1832, and soon after located at Huntingdon. Devoted to his profession, he kept pace with its progress, and often mingled with its associations, county, State, and national. A gentleman in manners, a scholar in attainments, a Christian in his deportment, his death has left a vacancy hard to fill, and friends and patients will long mourn his departure.

ANSWERS TO CORRESPONDENTS.

Dr. P. C. C, Edenton, Ohio.—Thompson's Clinical Lectures on Pulmonary Consumption, sent by mail, Jan 6th.

Dr. W. P. R, Newmarket, Tenn.—Porte Caustique and Hare-Lip Pins, sent by mail, Jan. 6th.

Dr. H. F. W., Preston, Md.—Wilson on Skin and Hair, sent by mail. Jan. 9th.

Dr. N. G. B., Wilson, Ill.—Drawers for Saddle Bags, medicine chest, and pocket medicine case, sent by Express, Jan. 4th.

Dr. J. H. R.—Set of Teeth Extracting Instruments, sent by Express, Jan. 5th.

Dr. Z. A. L., McCutchinville, Ohio.—Female Catheter sent by mail, Jan. 6th.

Dr. J. J. M., Paducah, Ky.—Care of Lowrie & Co., 12 vols. Reporter, bound, sent by Express, Jan. 5th.

Dr. H. C. A., Sylvan, Mich.—Frick on Renal Affections and Walsh on Lungs, sent by mail, Jan. 6th.

Dr. R. H. M., Bound Brook, N. J.—Ashton on the Rectum is the latest and best work on that subject. Price $3.00.

Visiting Lists have been sent to the following persons: Drs. J. S., Philadelphia; J. D. S., Lonaconing, Md.; I. S. C., Sergeantsville, N. J.; J. A. E. R., Mountville, Pa; L. B., Elizabeth, N. J; J. L. B, Harney, Md.; R. M. C., Phila; S. J. Z., Saddle River, N. J.; E. W. H. Y., Bethel, Conn.; J. S., Brant, Ohio; H. K. S. and C. S, Spencer, Ind.; C. G. T., Jonestown, Pa.

Hand Books have been sent to the following persons: Drs. E. P. H., Blawensburgh, N. J.; J. R., Liverpool, Pa.; W. S. H. Vergennes, Vt; J. E. McG., Latrobe, Pa; J. S. McC., Crawfordville, Ind.; J. A. B. Bedford, Ind.; M. C., Parkersburg, W. Va.; J. W. S., Centredale, R. I.; S. H. G, Philo, Ohio.

JAN. 23.

THE

MEDICAL AND SURGICAL REPORTER.

No. 464.] PHILADELPHIA, JANUARY 20, 1866. [Vol. XIV.—No. 3.

Original Department.

Communications.

FRACTURE OF THE FEMUR; REFRACTURE, AND RECOVERY.

By Albert G. Walter, Surgeon,

Of Pittsburgh, Pa.

[Continued from page 28.]

This apparatus, which we have used for many years' past in fractures, injuries and diseases of the lower extremity, requiring, for their successful treatment, immoveable rest and security of the limb, commends itself strongly on account of simplicity, lightness, facility of application, efficiency, extensive usefulness and cheapness. Answering, as it has done, in our hands, for all cases of disease and injuries of the lower limbs, not excluding those complicated with wounds, we feel confident that it cannot be improved, nor that its merits are overrated. It not only allows of re-dressing the injured limb, or part of it, without disturbing the extending and counter-extending forces, but admits of the separate removal of any splint, for the purpose of dressing, without interference with the others. There is no need of the many turns of bandage confining the splints to the limb, which, during their application and subsequent removal, for the inspection of the broken fragments or wound, are not only a source of pain and discomfort to the patient, but an unnecessary waste of time and useless task to the surgeon. A few pieces of tape, or straps and buckles, answer in place of bandages, and more effectively, as they allow of easy re-adjusting, and frequent tightening, if needed. With it, the patient is not hopelessly confined and bound down to his couch in the recumbent position for many weeks, as with the rather clumsy wooden contrivances in common use at the present time, but freedom of motion is granted him, he can move, and lift himself, and even enjoy the half-sitting and erect position of the body. The limb thus firmly, yet comfortably secured, unites more rapidly, for in less than five or six weeks the patient may leave his bed and use crutches, the apparatus, on account of its lightness and portability, not interfering with locomotion. Many years of experience with the use of this apparatus, gained with the desire of making injuries and diseases requiring bodily confinement more bearable to the patient, and of attaining the best and speediest recovery of the limb in the possibly shortest time—an important consideration with the laboring portion of the community, whose daily support depends on manual exertion—has convinced us that among all the appliances of ancient and modern surgery, which we know of, there is none, which for extensive usefulness, ready application, simplicity, lightness and effectiveness, will compare with that of our own invention.

The patient, on being removed to her bed, with the lower part of the limb somewhat raised upon a cushion, awoke easily and harmlessly out of the anæsthetic state, having been totally unconscious to everything around her. She slept a great deal during the day, was free from pain, there being but little reaction. Next day, after a good night's sleep, the circulation had become quickened, with thirst, flushed face, and frequent micturition. A few doses of Dover's powder, with Norwood's tincture of veratria, were ordered. With suppuration of the wound, beginning a few days after, febrile excitement increased, appetite returned, the patient feeling as comfortable and free from pain as if confined for a simple fracture. A flaxseed meal poultice was applied to the wound, and a nourishing diet prescribed, with quinia, iron, and morphia, administered a couple of times a day. The case progressing as favorably as could be expected, there was no discomfort from confinement or splints, but that occasioned by the chafing of urine, which unavoidably wetted the perineal band. But by renewing this daily, and protecting the groin by oleaginous applications, soreness from that cause was soon relieved. Such being the advantage of the apparatus and splints used in the manner described, that the wound was freely exposed for daily dressing without the necessity of removing any of the splints, and of relaxing extension, and counter-extension, thus saving pain to the patient and trouble to the surgeon.

For two weeks, during which time daily improve-

ment in the case was apparent, suppuration being moderate, and of a healthy character; sleep, appetite, and evacuations, normal, no change was needed in re-adjusting the splints, the limb having thus long remained undisturbed, for nature's power of reunion. At the expiration of that time, however, all splints were temporarily removed for the application of new paddings, care being taken at the same time to keep up extension and counter-extension of the limb, by the help of assistants, while the dressings were renewed. The limb appeared then in a healthy condition, there was no undue swelling of the femur, nor any bagging of matter around the bone or between the muscles, which is apt to follow resections, the wound had already closed at the bottom, the quantity of matter discharged proceeding from its surface. Being thus superficial, its edges were approximated with strips of adhesive plaster, encircling the limbs, flax-seed meal poultice no longer being needed. The splints were then re-applied, extension and counter-extension renewed, and the wound, as before, left exposed for daily dressing with a cicatrizing ointment, and for cleansing. The patient was cheerful, playful, and in good health, yet pale, the consequence of confinement. Tinct. ferri chlorid. was ordered. Two weeks more had passed away, when the general dressing was renewed. It was then found that the broken fragments had already united, that there was no swelling at the seat of fracture, that suppuration had almost ceased, cicatrization progressing rapidly, and that the limb was of the same length as its fellow. For a week back patient had been sitting up in bed and been noticed to move her limb with the greatest freedom. The circular strips of adhesive plaster were replaced, the splints and extension apparatus re-applied, and two weeks more confinement in bed observed. After that time had expired—six weeks from the date of the operation—the dressings were again renewed. Union of the bone was then quite firm, and the wound almost closed, no further restraint in bed being required. The limb was now bandaged from the toes upward, the thigh splints and extending apparatus re-adjusted, and patient allowed to walk on crutches, the limb suspended from her neck. In a few days after, she was able to move about, enjoying the exercise thus granted. The limb at present, twelve weeks after the operation, appears to be strong, well able to bear the weight of the body; still she is not allowed to make use of it, except by the assistance of crutches. The thigh-bone is as long and straight as the other, no mark or swelling at the seat of fracture being noticeable, and bids fair to be as natural and serviceable as ever.

The success, with which conservative surgery has been crowned in this case, though not unexpected, yet more prompt, undisturbed by any unfavorable symptom, and rapid, than reasonably could have been anticipated, is the more gratifying, as it benefits the child of parents, who, in their grief and simple-mindedness, were with difficulty persuaded to allow attempts to be made for the relief of the deformity under which the child labored. Having seen her suffer for many weeks, the tortures of a broken limb, whose fragments, unadjusted and unsupported, were left to the care of nature, it was no easy and painless task to induce them to submit to an operation, which, although justifiable, cannot be considered quite free from dangers. Gratifying, too, as it restored the child of poor parents, whose support in life depends on soundness of limbs and body—a boon far greater to them than generally appreciated, and more anxiously to be regained, when lost. Success, moreover, obtained under such circumstances, enhanced as it was by unbounded joy, and unexpected relief of the parents, cannot fail to force the surgeon to the admiration of nature's unlimited resources. However understandingly and intelligently he may apply the means of relief at his hands, he has to rely on her bounty; hoping and trusting that she will not forsake him, but crown his feeble efforts for the restoration of the patient. *Her's* be the *glory* in success; *his*, the reward of faithful and deserving stewardship.

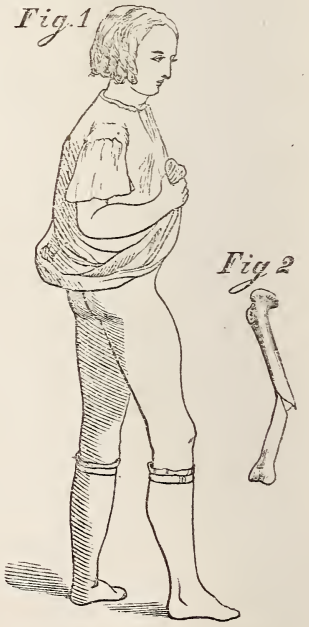


Fig. 1, represents the limb before the operation.
Fig. 2, the fractured thigh-bone, with the wedge-shaped bony mass uniting the broken fragments.

DEATH FROM CHLOROFORM.

By W. P. MOON, M. D.,

Of Philadelphia, Pa.

In reporting the following case, I can do little else than state the facts as they occurred. We know so little really of the rationale of death from this agent, that we cannot say positively how it acts upon the system. In some instances, it would seem as if the nervous centre of the respiratory organs was suddenly paralyzed, causing a cessation of respiration and a consequent statical condition of the blood which the heart cannot overcome. In other instances, the heart would seem first to come under the fatal influence of the poison, for such we must concede it to be, and then almost instant death occurs.

Every case of death from chloroform which is reported, must necessarily be a warning to us, either to use it with increased care or expect danger from its use. It is with this in view that I am induced to report the case. Some still affirm that there is little or no danger from the use of chloroform, if it is properly given. Either the evidence to the contrary is continually accumulating upon us, or we must conclude that all who have administered it in fatal cases did not know how to give it.

So far as my observation goes in three cases which were endangered, one fatal, asphyxia was the first observable symptom of an overdose of the anæsthetic, and death supervened in the fatal case, so suddenly and unexpectedly that there was little time to study the process.

In all these cases, the amount of chloroform inhaled was certainly less than half an ounce, and asphyxia occurred in from two to three minutes from the commencement of giving the chloroform. In every case, it was given upon a folded towel held to the face, and I fear a *sufficient amount* of atmospheric air may not have been allowed by this means of exhibition.

From this want, it seems to me, lies our chief danger in administering chloroform, for, before one who may be giving it is aware, his attention may be drawn, for only a minute, from the patient to the operation about to be performed, in which he is equally interested, and before he is conscious of it his patient is gone.

In one of the cases referred to—a case of secondary hemorrhage, in which the lingual artery was cut and external carotid injured by gunshot wound—the carotid having sloughed, we were about to ligate the common carotid, when the patient died, partly from the effects of the hemorrhage and partly from the chloroform.

So far as reported, the number of deaths from chloroform during the war was less than a dozen, out of the many thousand cases in which it was given, chloroform being used in a majority of instances in the army, where an anæsthetic was used at all.

Is this not too many lives to sacrifice in a short space of time without producing in our minds a serious doubt as to the use of so dangerous an agent?

Private J. J., Co. B., 2d Penna. Heavy Artillery, was admitted to Mower U. S. Army Hospital May 10th, 1865, suffering with gunshot wound of right arm, received about a year previous. Extensive necrosis of the humerus existed, which it was found necessary to remove. Upon a careful examination of the case, it was ascertained that a sequestrum, involving nearly the whole original shaft of the humerus, eight inches in length, was entirely detached, and two inches of the upper portion of it exposed to view. The bone was injured by the bullet two inches below the acromion process, and sloughing of the tissues followed. May 12th, it was decided to remove this sequestrum. One of the oldest members of the staff, who has administered chloroform many times, and who generally assisted in the operations, had charge of the administration of the anæsthetic, and another, who had been for two years a surgeon of volunteers, and had seen a death from chloroform on the field, had charge of the pulse.

The patient seemed in every way a fit subject upon which to use the anæsthetic favorably, and came under its influence in about a minute and a half, as nearly as we could judge. The towel was removed, but as we commenced the operation it was again placed upon the face. Almost instantly the face became livid, the limbs were extended, respiration ceased, and very soon the circulation became suspended.

Efforts were immediately made at resuscitation by withdrawing the tongue from the mouth, dashing cold water in the face, applying ammonia to the nostrils, using artificial respiration and galvanism. Excepting two or three labored respirations, no signs of returning animation appeared.

Post mortem examination disclosed no morbid appearance calculated to throw light upon the case. The lungs were collapsed, but healthy, and the heart was in an apparently normal condition.

The chloroform used was tested upon the hospital grounds, and a specimen sent to Washington for analysis, and in both trials found to contain impurities. How far these impurities may have

influenced the fatal termination in this case, we are of course unable to say.

The chloroform imparted a dark color to sulphuric acid, which is said to be the test for impurities found in imperfectly rectified chloroform. As to the *nature* of these impurities, little is supposed to be known.

In reviewing this case and those which have approached an asphyxiated condition, which I have seen from the use of this drug, I cannot avoid the conviction expressed above, that, in giving chloroform, the chief danger lies in the want of a full supply of air to be inhaled with the anæsthetic, in order to give the lungs full life-sustaining power.

In witnessing the exhibition of anæsthesia by nitrous-oxide gas, on one occasion, at the Pennsylvania Hospital, I think a patient was as nearly dead as I should care to see any one, and have my doubts if it is without its dangers, either through unskilful management or improperly-prepared gas.

Should it prove what its advocates claim for it, and become more readily used by improved means of administration, it will be a greater blessing than we now possess in chloroform or sulphuric ether.

Hospital Reports.

Philadelphia Hospital,
November 29, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Erysipelas.

Gentlemen, I have presented many different forms of disease to your notice, but this is entirely unlike any which you have seen in this clinic, and it is very important that you should understand its nature, symptoms, and treatment. It may prevail endemically, as in this house at the present time, particularly in the Surgical wards, so that no operations of importance are performed; epidemically in certain neighborhoods, or sporadic cases will occur here and there in your practice.

The disease attacks the robust and healthy as well as the weak and anemic in all seasons, and at every period of life. Children are sometimes born with it; and it has for its victims youth, adult life, and old age. It seizes upon every part of the body, particularly the skin and cellular tissues, either from traumatic causes or idiopathically; and indeed there exists in some persons a peculiar predisposition to the disease, so that they can hardly be pricked with a thorn without exciting it.

It is particularly apt to be prevalent in hospitals, so that the knife can scarcely be used without danger, and there seems to be some peculiar connection between it and puerperal fever. It is dangerous for physicians to attend cases of midwifery who have much to do with erysipelas. The causes of this disease are various, but I cannot agree with those who think it is cryptogamous in its origin; at any rate there is some particular cause affecting lungs, liver, stomach, indeed the whole system generally.

Very slight causes may give rise to it, as excessive heat or cold, or a vitiated state of the atmosphere, as witnessed in hospitals. Whatever tends to derange the digestive or hepatic functions, or, in short, any important function of the body, may produce it.

It may be simple, attacking only the skin, and then the blush may be so faint that a slight touch of the finger will dissipate it, with but trifling constitutional disturbance. The phlegmonous is more serious in its character, attacking and extending to the deeper seated muscular and adipose tissues, and often leading to extensive suppuration, and even to gangrene. The constitution sympathizes, the symptoms being first sthenic and afterward of a typhoid character.

The patient before us has been sick two weeks. When he was admitted, his face was enormously swollen, so that the features were almost undistinguishable, the mind wandering, and his condition evidently typhoid. At first he had a chill, furred tongue, and a general feeling of malaise. In this stage the treatment must be tentative. Cannot tell what is going to happen. But now we have positive symptoms: the erysipelatous blush, excessive heat, nausea, thirst, and restlessness; the wandering mind, and brown-coated tongue, all indicate the typhoid character. In light cases you can hardly distinguish the blush; a slight impress of the finger is sufficient to remove it; these cases need only superficial treatment—correct the bowels, and apply some cooling lotion to the part. In severe cases the inflammation may extend, producing a purulent discharge, dissecting up muscles and burrowing under muscles, the fascia as in the thigh, hand, foot, etc. In these cases endeavor to get behind the disease, overcome the cause, if it is apparent, supporting the system meanwhile. In inflammatory cases use depletion. I do not believe in specifics; just because a man has erysipelas, therefore must give tincture of the chloride of iron, as is too much the fashion. Study your case, see what is the matter, and treat accordingly on general principles. Use local applications as auxiliary. The cutaneous disease is a local manifestation of a constitutional trouble. Tincture of iodine is excellent in relieving pain and tension, in promoting the removal of effused fluids, and in checking the extension of the morbid action. A belt of nitrate of silver will frequently check the further spread of the disease. When the inflammation attacks the scalp be careful in using cold applications to the head. Morbid action may invade the brain; should this occur, treat as if there was no erysipelas, as in inflammation of the brain. In this case we have been using as a local application the sulphite of soda—tablespoonful to the pint of

water. To correct secretion a blue mass pill was administered with the neutral mixture every four hours, to allay the heat of skin; sustaining the system meanwhile by iron, quinia, milk punch, etc., until the force of the disease has been spent. In this hospital I am in the habit of pursuing this course of treatment with very good success.

The tincture of the chloride of iron in large doses, frequently repeated, has been much extolled as a new remedy. I have used this in many cases of a debilitated form for many years. You will find a notice of it in NUNELLY'S work on this subject, which I advise you to read, and from which I obtained this idea. In cases of a tendency to a brain fever, where the digestive organs have first been rectified, and the stomach will bear it, you will find it an admirable remedy; but remember to continue it steadily, and for some time even after the patient seems well.

UNIVERSITY MEDICAL COLLEGE,
New York, Dec. 13th, 1865.

MEDICAL CLINIC OF PROF. A. L. LOOMIS.

Reported by S. Hendrickson.

Aneurism of the Ascending Aorta?

Michael McD., æt 42 years.

History. This patient, as far as could be ascertained, had no hereditary tendency to disease. He had not had syphilis, and had not been an intemperate man, although accustomed to the occasional use of alcoholic stimuli. Patient had two and a half years ago what he calls rheumatism, which attacked, principally, the breast and back, unattended by any pain or swelling of the joints. He was in the United States service at that time. He was obliged to go to the hospital, where he remained until a year ago last May, when he received his discharge for disability. When he was first taken, he could not lie on his left side, and felt more comfortable in the supine position, with the head slightly raised. He says that he has lost some flesh; has had a cough for two months, with no hæmoptysis. He sees as well with one eye as the other, has no giddiness of the head; thinks that within the past year he has lost his voice somewhat. He has been subject to cramps in his legs at night during the past four months. He is sleepless during the early part of the night. His appetite is good; bowels regular.

On inspection, gentlemen, you perceive that this patient is slightly emaciated. The capillary circulation in his extremities is imperfect. The pulse at the left wrist is about ninety per minute. At the right wrist it is smaller and less forcible than at the left. The temperature of the skin is normal, tongue natural. The pupils act to light, and are equally dilatable. He has the peculiar sort of cough, which may be styled an *iron* cough.

As you look at this man's thorax, you see a prominence, a distinct, well-defined tumor in the right mammary region, just below the junction of the fourth costal cartilage with the sternum. It measures about two and a half inches transversely and the same perpendicularly.

Physical Examination. On palpation over the præcordial region, the apex-beat is felt in its natural place. It is not forcible, but rather feeble. In the infra-clavicular region of the right side pulsation is felt, which increases in force and distinctness as I go downward towards the tumor. As I grasp the tumor it gives a distinct impulse, but no thrill. A slight impulse is felt below the tumor, but none in the epigastrium. On percussion, I find dulness on the right infra-clavicular region. On auscultation, I find an absence of all respiratory sounds in this region, with exaggerated inspiration on the left side. Both the heart-sounds are heard in the infra-clavicular region of the right side; but neither of them on the left. Placing my stethoscope over the tumor, a forcible impulse is communicated to the ear at each pulsation. Both of the heart sounds are heard; the second ringing in character. No murmur is heard while the tumor is prominent, but by pressing the tumor between the ribs, which I can easily do, I get a distinct bruit.

Diagnosis. There is no doubt as to the nature of this tumor. The pulsation, the bruit, and the peculiar character of the cough which the patient has, are diagnostic. But the exact seat of the aneurism it is not so easy to determine. The existence of the aneurismal tumor in this location is very unusual. I am however inclined to believe this to be an aneurism of the ascending portion of the aorta, notwithstanding the low point at which it has made its appearance externally.

We will keep this patient under observation, and await further development of light in the case.

Emphysema of the Lungs, with Chronic Bronchitis—Hypertrophy of the Heart, with Dilatation of the Right Ventricle.

Martin W., æt. 46 years, laborer. This patient has been complaining for five weeks. He continued at his work up to four weeks ago, when he had to give up, as he says, on account of "a fluttering of his heart." He has had no rheumatism. He has had a cough for ten or twelve years, which is worse in winter, and during damp weather. He has some expectoration, but has had no hæmoptysis. He is unable to lie down at night on account of dyspnœa. Within the last three or four weeks he has noticed some œdema of the feet. Patient says that he has been moderately temperate in his habits. Has noticed that of late he passed his urine rather frequently. Never had suppression at any time; has had no pain in his back.

On looking at the patient you see that he is considerably emaciated. His countenance is a little yellow, but there is no tinge of the sclerotica. The skin is of a natural temperature. His muscles are very flabby, pulse is very feeble, hardly perceptible, and seems almost continuous, so that it is difficult to count it. His chest is deformed; the thorax is bulging, and there is roundness with shrugging of the shoulders. It is the chest of emphysema. The cardiac impulse is felt most

distinctly about three quarters of an inch below, and to the left of the left nipple. It beats tremulously and with a sort of reduplication.

Percussion shows quite a marked dulness in the right infra-clavicular region, and also posteriorly in the right infra-scapular region. Auscultation reveals exaggerated inspiration, with prolonged expiration on the left side. Inspiration is heard on the right side, but less intense than on the left. There are bronchial râles, sibilant, sonorous, and mucous, on the left side, posteriorly; the same on the right, with an absence of true respiratory sounds. The two heart sounds are indistinct, running together, and there is a murmur running from one into the other. The heart is beating at a rate of about one hundred and ten per minute.

Diagnosis. This patient has emphysema of the lungs with chronic bronchitis; there is hypertrophy of the heart, and judging from its action, I should say dilatation of the right ventricle. The heart disease is probably secondary to the emphysema. He may perhaps also have a complication of Bright's disease of the kidney, which we may determine by an examination of his urine.

Dec. 18th, 1865.

Obstetrical Clinic of Prof. Chas. A. Budd.

Reported by S. Hendrickson.

Fissured Nipples.

Mrs. C., 36 years of age, the mother of two children, is at present nursing her youngest child, which is eight weeks old. She is complaining of excessive soreness of the nipples. The child is not troubled with a sore mouth. The mother did not have sore nipples while nursing her first child. On examination, this soreness, which the patient complains of, is found to depend upon a fissure of the nipples themselves, and also of a fissure at the base of the nipple, where the integument is reflected upon the areola.

Here, gentlemen, is one of those cases which you will frequently meet with in your practice among nursing women. This affection is often obstinate and rebellious, and all the applications which are made for the purpose of relieving it, frequently have but a temporary effect. When the child is put to the breast, the nipple is refissured, and there is a return of the difficulty. Various applications have been recommended for this troublesome affection, such as nitrate of silver and different astringent lotions, but after the use of any of them, the difficulty is extremely liable to recur. We are sometimes even obliged to recommend the weaning of the child.

Nipple-shields, made of different substances, as glass and india-rubber, have been recommended, but as far as my experience goes, they are of very little benefit.

One great obstacle to the cure of sore nipples is the carelessness of mothers themselves. After the child is taken from the breast, care is not taken to dry the nipples. I have been in the habit of recommending that, after the child has been put to the breast, the nipples be washed with cold water and afterward be wiped perfectly dry. We will direct this patient to follow this course, and will also direct her to pencil the nipples with tr. catechu, with the results of which, in this class of cases, I have been very much pleased.

Chronic Metritis.

Mrs. F., æt. 25 years, has had five children. The youngest, if alive, would be three years old. The patient dates her illness a year back, at which time she had an abortion produced intentionally, by means of instruments, when she was ten weeks advanced in pregnancy. She had a good deal of flooding at the time, which continued for three weeks. She says that the tampon was kept constantly applied for a month. Her menses returned in about six weeks after the hemorrhage ceased. She has been very irregular in her menstrual period since that time, sometimes going three, sometimes five, and even seven weeks. She has leucorrhœa, which starches her linen and is sometimes tinged with blood. She has a frequent desire to urinate, being obliged to get up at night once or twice for that purpose, and the act of micturition is attended with pain. Her appetite is poor; bowels irregular, generally costive; she sleeps poorly at night, and has become considerably emaciated. She complains of a great deal of pain in the head, and of a soreness and burning on the *top of the head.*

From the history of this case, gentlemen, you see that this poor woman jeopardized her life by becoming the subject of a criminal abortion, brought about by one of those fiends in human shape who practice their iniquitous trade to so large an extent in our city. She tells us that she came very near dying from hemorrhage, and at present her existence is rendered miserable by symptoms which indicate to us organic disease of the uterus.

By digital examination, I find that the cervix uteri is patulous, admitting the first phalanx of the examining finger. The tissue of the neck, both of the anterior and posterior lip, is indurated. On crowding my finger high up in the posterior vaginal cul-de-sac and pressing against the body of the uterus, I find that it gives the patient pain.

Speculum examination. So far as the appearance of the neck is concerned, with the exception of its patulousness, you will see nothing which deserves particular attention. The tissue of the neck is slightly congested, rather more injected than it should be.

We have here, then, a case of chronic metritis, resulting from a traumatic cause. Frequently we have chronic metritis as a result of acute metritis, the acute stage shading off and becoming chronic, lasting for months, and even years. This disease is often very obstinate, and no cases so resist treatment as these which are induced by an interference with nature's physiological process. Very often the disease persists until after the climacteric. The reason for this is obvious. During menstruation, we have added to the pathological congestion already existing, a congestion of a physiological character, and we have

only about three weeks at a time during which we can make our applications before the return of another menstrual period.

The treatment of chronic metritis resolves itself into local depletion of the os uteri, by leeches or by scarification; counter-irritation, applied either to the cervix uteri, to the hypogastrium, or over the sacrum, together with the internal administration of some alterative. Now, what do we gain by counter-irritation applied to the cervix? The neck and the uterus are in fact two distinct organs. Their anatomical structure is different. Their vascular and nervous supply is from different sources, and they differ also, as you know, in their physiological functions. Now we occasionally see chronic metritis as a result of inflammation of the neck. This inflammation seems to propagate itself along the longitudinal fibres of the posterior surface of the uterus, which are prolonged into the neck. So we may apply counter-irritation to the neck, and experience has shown us that we can derive more benefit from applying it there than anywhere else.

Ordered concentrated tr. iodine to be applied to the cervix. Also,

℞. Hydrarg. bi-chlorid. gr. ij.
Tr. cinchon. co., f.℥iv. M.

S. Coch. parv. ter die.

University of Maryland,
November, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Scrofulous Ophthalmia.

Girl, 13. In many of these cases you find excessive photophobia. Whenever the eyes are irritable and the light hurts them very much, it is generally taken as an indication that they should be confined in a dark room, and antiphlogistics, leeches, and blisters are used. Do not confine them in the dark. This is more a constitutional than local disease, and they need the fresh air and light to improve their general health. They need not be exposed to the strong light of the sun, but take exercise in the morning and evening, when the light is not so powerful. There is often no great redness, and you will frequently be astonished to find such excessive tenderness and so little inflammation. Common to children from three to ten years of age. The secretion is muco-purulent. Trichiasis is often produced by the contraction of the eyelid, and the inverted hairs irritate the eye, and may become permanent, unless relieved by an operation. In this case, it is now mere ophthalmia tarsi. The eyelid is granular and exceedingly red, and there are numerous little points which irritate the eyeball, and make her very reluctant to open the eye. The disease is confined to the palpebral conjunctiva. The constitutional treatment more important than local. We will order her to take liq. ferri iod., three times a day; good animal food; be kept in a well ventilated apartment, not too dark; exercise in the open air.

To keep her bowels regular,

℞. Pulv. rhei, gr. vj.
Calomel, gr. iij. M.

Ft. chart j. Take every four days.

We will order cupri. sulph., to be applied by means of a camel's-hair pencil. Many collyria accomplish good in an indirect way, by causing a copious discharge of tears and mucus, thus causing depletion. Let her wear a cloth wet with cold water for one or two hours after the application of the copper.

℞. Hydrarg. oxid. rub., gr. x.
Adipis, ℥j. M.

Apply every night; rub in, after wiping the eye perfectly dry.

The argenti nitras, long continued, often stains the eye olive green, and such an introduction of foreign matter cannot be otherwise than injurious.

Scrofulous Adenitis.

Man, 23. Here you observe a great enlargement of the lymphatic glands of the neck. This man is a sailor, and sleeps in the forepeak, a place where the air is very confined. This disease is often met with among sailors, on account of the bad condition of their sleeping apartments, no attention being paid to ventilation. It is also met with in private practice, mostly among the poor, and those who disregard the laws of health. Servants who sleep in the attic are often affected with it, because there is usually no way of ventilating the room except by raising the window, and this they are unwilling to do. Every room, especially sleeping rooms, should have a fire-place in it, and it should be left open, and not closed up with a fire-board, as is too often done, for it affords the easiest mode of purifying the air. I suppose the foul air had much to do with the production of the disease in this case. It would be better to sleep out of doors than in such a confined air as many sailors do. This disease is chronic in its character, and affects the lymphatic glands. The parotid and submaxillary glands are entirely distinct from them, and do not become affected.

℞. Liq. ferri iod., f.℥ss.

S. Twenty drops three times a day. As a local application, we will use the muriate of ammonia. Let his bowels be kept regular.

Wounds of the Arm.

Man, æt. 40. Some time since, this man met with an accident by which the arm was broken and a wound made upon the palmar aspect, just above the wrist. There was no protrusion of bone. Now there is an opening on the dorsal surface, and several fistulous orifices which require to be laid open. The end of the radius being necrosed and detached, we will remove it, because it acts as a foreign body and there is no likelihood of its becoming united. There is no more diseased bone. Let a long splint be applied to the forearm, so as to keep the hand perfectly at rest. There will be anchylosis, but that will

be much better than amputation of the wrist. Let the wound be dressed with a poultice.

Syphilitic Ulcer.

Man, æt. 37. This is a tertiary form of syphilis. This man has a foul ill-conditioned ulcer over the internal malleolus. The edges are everted and prominent, the discharges unhealthy, and it now presents a phagedenic appearance. Mercury would be highly improper in such cases as this, because the constitution is affected, and mercury has the tendency to break down, not to build up. He needs something to improve the general tone of the system. He is now taking potass. iod, and liq. ferri iod. We will give him tinct. ferri chlor., gtt. xxx. every six hours. As a local application, we will use nitric acid and the watery solution of opium. Dress with Turner's cerate.

Wounds and Fracture.

Man, 21. Hurt about two weeks ago on the railroad. The left arm was broken, the left foot very much injured, and he had a bad wound of the scalp. We had to remove all the toes except the great one, and we may have to remove that also, but we will let it remain a little longer, to see if nature may not accomplish its reunion with the foot. We have saved a great part of the foot, and he will be able to walk quite well. We have here a very large granulating surface, and there is considerable discharge, but it is cicatrizing slowly. His shoulder was encased in a pasteboard splint and is doing very well, as also the wound in the scalp. He has a good appetite and is very cheerful. In fact, his good spirits have contributed much toward his recovery.

Editorial Department.

Periscope.

Amputation at the Hip-joint.

Dr. John H. Packard details in the *N. Y. Med. Journal*, a case of amputation of the hip-joint, which he performed in January last, at the Beverly, N. J., U. S. A. Hospital. The patient, æt. 19, had been wounded, Aug. 16th, 1864, at Deep Bottom, Va., the ball passing through the head of the tibia.

Sept. 12th. Circular amputation of the thigh, through lower third, was performed on account of secondary hemorrhage.

Oct. 17th. Bleeding was again set up, and femoral artery tied in Scarpa's place. Ligature came away in ten days.

Nov. 5th. The end of the femur protruding through retracted soft parts, about four inches of bone were removed by means of chain-saw. Shortly after this, the stump became enormously swollen, painful, and abscesses formed in it.

Jan. 19th. The bone was exposed, found greatly enlarged and necrosed, as high up as the trochanters. Femoral artery was exposed and tied in the groin, and disarticulation of hip performed by antero-posterior flaps. The patient was extremely depressed, and kept on the amputating table for two or three days, lest the effort at removal should prove fatal. Large quantities of stimulants and concentrated food were given, and surface temperature artificially maintained.

Jan. 27th. Bleeding again occurred, and *external iliac* tied; ligature came away in twenty-one days.

Feb. 19th. Two days after separation of ligature, lower end of the artery poured forth blood furiously, and was only controlled with great difficulty, by direct pressure, kept up for two weeks.

After this, recovery progressed steadily, and by the end of March the man was well. In June he was sent to his home in Maine.

Dislocation of the Hip-Joint in a Child Three Years old, with Eversion of the Foot.

In its August number, the *Australasian Medical and Surgical Review*, Dr. S. Belinfante, of Grafton, N. S. Wales, reports a case of dislocation of the femur in a child, three years old—probably the "*earliest*" case on record. The boy had fallen from the roof of a house. When first seen by Dr. Belinfante, five days after the injury, he could not stand without support; there was *inversion* of the left thigh, but *eversion* of the foot, and *apparently* no shortening, no crepitus, or any other signs of fracture being present, dislocation of the hip-joint was diagnosed.

Considerable difficulty was experienced in finding out the head of the femur. On grasping the buttock and rotating the thigh, the head of the femur was felt, but apparently in its *natural* position. Both buttocks being grasped at the same time, and both thighs rotated at once, the heads of both femurs were felt, but no difference could be seen in their positions. The injured thigh was then again rotated, and the place where the head of the femur was felt marked with tincture of iodine, to note more accurately the position of the head of the bone. The same thing was repeated on the right side, and on comparing the marks made by the iodine, the one on the left side appeared the *eighth* of an inch *higher* than the one on the right side. This was convincing that the head of the femur was on the dorsum ilii, and was confirmed by continuing the examination for a few minutes longer, when, having traced the acetabulum, the head of the femur was felt immediately above the rim. By manual extension from the thigh, reduction was completed in two minutes, the femur returning into its socket with the usual loud snap. The case was interesting on account of,

1. The extreme youth of the patient.
2. The difficulties experienced in making the diagnosis sufficiently certain to justify an attempt at reduction.
3. *Eversion* of the foot. Last April, Mr. Symes, of Dublin, recorded the case of an irremediable dislocation of the hip-joint, with *eversion* of the foot. Dr. Belinfante having previously recorded a case with eversion, the present would make the third.

Ovariotomy in France—French Surgery.

A letter from Paris, by Prof. Charles A. Pope, of St. Louis, gives an account of the operation, as witnessed by him, in the Lariboisière, which is by no means creditable to French surgery. The letter is published in the *St. Louis Med. and Surg. Journal*, from which we quote the substance:

"If this last case of M. Richard be a sample of the method of performing the operation, it will sufficiently account for the fatality of such attempts in the Parisian hospitals.

"The patient of M. Richard was a young woman, disease of two years duration, patient not much emaciated, and in comparatively good state. Tumor unilocular, and of large size. Chloroform administered, an incision was made from a little below the umbilicus to the symphiris pubis, through linea alba to the cyst, which was found adherent. Every little vessel was most carefully secured. The sac was now punctured by a large sized trocar, *ad hoc*, intended in cases of non adhesion to empty the sac without allowing the escape of the fluid into the peritoneum, which is accomplished by a mechanism holding the walls of the sac and the peritoneum firmly together. The adhesions were easily overcome, the emptied sac was lifted out, and its pedicle secured by transfixion with a needle armed with a stout double ligature, and a firm knot made on either side. Peduncle was now severed. Then commenced the search for the minute vessels, and numerous ligatures were applied. In seeking for every minute orifice, although having an opening of eight inches, the surgeon further divided the abdominal walls with a pair of scissors, and applied additional ligatures, both to the walls and to the interior of the abdomen. As there was still some slight oozing, a second *débridement* was made with the scissors, the incision now *reaching to the xyphoid cartilage*, which, as he could go no further, seemed to satisfy the surgeon. Whenever a single drop of blood, venous or arterial, could be espied, the operator, after much sponging, seized it largely with his forceps, and an aid, throwing on a ligature, included quite a mass of tissue. In every case, both ends of the ligature were cut short off. The liver, spleen, bowels, uterus and bladder were pulled and hauled, and their surfaces constantly dabbed and rubbed with sponges, the operator remarkIng meanwhile, that the peritoneum was a '*très bon garçon.*' It is true that this membrane will bear much, but why the surgeon should think that the presence of a few drops of blood would prove more harmful than his rough sponging, ligature-nooses and sloughs, is almost beyond belief. The operation lasted three hours by the watch, and the exact number of ligatures was *sixty one.*

"The external wound was brought together by silver sutures, the peduncle having been secured in the lower part of the external incision, over the wire sutures, a multitude of narrow adhesive plasters, six inches long, were applied, one over the other, like a scultet bandage, the whole length of the wound; over these again there were long transverse bands of sticking plaster, and over these fenestrated compresses of thin cloth, smeared with a blackish anodyne salve, covering the whole abdomen; and over this again were placed thick layers of cotton batting; and lastly, over all was secured the ordinary body bandage. This was called a dressing '*by occlusion.*' But of what use was the occlusion when the abdomen had been so roughly handled, and exposed for three mortal hours; when the numerous nooses, and their included sloughs, were all carefully kept within the abdominal cavity? The patient's doom was necessarily sealed; she died the same night, reaction not having been established.

"I could not help contrasting," concludes Prof. Pope, "this operation with one of my own successful cases, in which the adhesions were very firm and extensive, made more so, perhaps, by the repeated injection of tincture of iodine. I divided the peduncle with the écraseur; did not apply a single ligature; brought the wound together by silver sutures, and applied a few broad, adhesive strips, a slight compress, and the body bandage.

"Good fortune has much to do with the success of an operation; but a worse one than this of M. Richard I have seldom witnessed. In relying on the *très bon garçon* peritoneum, he certainly imposed upon its goodness. On its conclusion, the surgeon congratulated himself on having thoroughly performed all the required steps, and having neglected nothing essential to success. His error was in having done too much, and in having been over-anxious."

It seems that the great "*Latin Race*" will have yet a good deal to learn from the "*Yankees.*"

Electrolysis in Surgery.

M. Scoutteten, (*Med. Times and Gaz.*) in a memoir read at the Academy of Medicine upon the application of electrolysis in surgery, observes that Faraday first used the term to distinguish the decomposing action of electricity from analysis obtained by purely chemical procedures. He gives an account of eighteen operations which he has performed by its aid, and concludes as follows: The effects of electricity are of three kinds—1. Electrolyzation, that is, decomposition of the elements of the tissues without disorganization; 2. Accumulation of acids and alkalies at each pole, *i.e.* chemical cauterization or disorganization of the tissues by these bodies; 3. Physical cauterization, produced by the caloric developed by a galvanic current passing through a homogeneous metallic thread. These two latter actions are secondary effects of electricity, which may be replaced by other agents, as caustic alkalies or the actual cautery. 4. The eletrolytic method is perfectly applicable to all soft tumors containing decomposable liquids, the cysts of the wrist, hydrocele, liquids within or around the joints, soft ganglions of the neck, soft goitre, arterial or venous tumors, and perhaps ovarian cysts. It should be rejected in the treatment of cancer, and fibrous or indurated tumors, unless of a very small size, and destructible by slight cauterization. Neither is it suitable for the treatment of lipoma, and all non-encysted tumors in which the fatty element prevails.

Three Cases of Perforation of the Bowels in Typhoid Fever.

The *British Medical Journal* records in one of its last numbers, *three* cases of typhoid fever, in the course of which perforation of the bowels took place. They occurred in the London Fever Hospital, under the care of Charles Murchison, M. D., and the notes are drawn up by Mr. Squarey, Resident Medical officer.

The *first case* was a girl 13 years of age. She was admitted September 11th, her mind was so confused that she could not tell how long she had been ill. Skin very hot throughout the disease; tongue soon became dry and rough. Abdomen continued tense and tender, pulse constantly weak, ranging from 120 to 140.

The diarrhœa had been controlled by astringents and opiates, or opiate suppositories and injections. The motions were of a light ochrey color and free from blood till the night of September 23, when she had four copious stools, containing a large quantity of dark clotted blood. The following morning there was again a small quantity of blood in the motion. She did not rally from the effects of the hemorrhage, and on September 25th died.

Autopsy. Patches of recent lymph scattered over surface of intestines, especially near cœcum. Four ulcers in interior of vermiform appendix, in one of which, about ¾ of an inch from the apex, two small perforations were observed. Contents of the intestines had not escaped into peritoneal cavity. Extensive ulceration in ilium, which (most of the slough having separated) had commenced to heal. A few ulcerations in large intestine, near the valve.

The *second case*, a young man, æt. 19 years, admitted August 23, 1865. Had been ill 14 days, and on admission had all the symptoms of severe typhoid fever with peritonitis. Skin hot and moist—numerous rose-colored spots scattered over the trunk. Pulse 120, small and feeble. Tongue dry, cracked, and covered with sordes. Abdomen enormously distended, tympanitic and tender; motions frequent and watery. Breathing entirely thoracic, bed-sore on sacrum. *Treatment:* stimulants, opium, astringents, turpentine stupes to abdomen.

Distention and tympanitis of abdomen continued throughout. On the 31st there was an uneven, nodulated appearance, which continued until death, as if intestines adhered to abdominal parietes. Same day retention of urine, which continued for a few days. Diarrhœa continued profuse in spite of treatment. No blood passed, except in small quantities on August 29th and September 2d and 3d. Mind heavy almost from the first, but patient always able to take drinks, and could generally answer questions, until the day he died. Pulse varied from 100 to 140—average about 120—always small and feeble. Bed-sores extended, causing much pain. After September 1st, evacuations passed involuntarily. Died September 7th.

Autopsy. Whole surface of peritoneum coated with a thin layer of lymph. Three perforations in large intestine, one about three and a half inches below the valve, and two in the sigmoid flexure. No contents of bowels in peritoneal cavity. Extensive atonic ulcers found in ilium, with loose fringes, but no perforation.

Third case. Man, 43 years old, admitted Oct. 20th, with all the symptoms of acute peritonitis. He was confused and unable to give an account of his illness, except that he had been suddenly seized while at work, four days before, with acute pain in the abdomen; and that his bowels had been confined for four days. Extremely prostrate. Surface of body generally warm, extremities cold. No rash on skin. Lower part of abdomen much distended, tympanitic and tender. A distinct thrill, as if from a thin film of fluid, perceived on gently tapping this region. Pulse 120, counted with difficulty; respiration 48, thoracic. Urine contained a cloud of albumen. Died a few hours after admission—death preceded by urgent vomiting.

Autopsy. Extensive typhoid ulcerations in ilium, with a perforation, two lines in diameter, three inches above the valve. Extensive peritonitis; peritoneum contained about ¾ of a pint of purulent fluid, confined to the lower half of the cavity by adhesions of the great omentum.

After death it was ascertained that he had been ill for three or four weeks with fever, and that four days before admission, having already for several days been permitted to eat meat, he was told by his medical attendant that he might return to his employment as a laborer. He had been working for a few hours, when he was suddenly seized with the acute pain referred to, and obliged to go home.

The case illustrates the extreme caution necessary during convalescence from typhoid fever.

Treatment of Articular Rheumatism by Subcutaneous Injections of Sulphate of Quinia.

We can bear testimony to the excellent results obtained from the administration of the sulphate of quinia in articular rheumatism. Dr. Isaac Ashe translates in the *Dublin Medical Press* an article from the *Bulletin de Thérapeutique*, in which the history of half a dozen cases is given, some subacute, others acute forms of articular rheumatism, in which subcutaneous injections of the remedy were resorted to with much benefit. The injections used were from 6 to 18 grains per day—commencing with smaller doses and increasing. From his investigations the author states that absorption and elimination proceeds with a degree of regularity hitherto exceptional in the treatment of disease. Yet it is difficult to obtain effects with mathematical exactitude although, in the hypodermic method the influences which affect absorption are less potent and numerous than in the ordinary modes of administering remedial agents. To combat rheumatism it is necessary to employ large doses. The injection of a large dose has a double advantage; the physiological and therapeutical effects are precise, and absorption and elimination more prompt. By injecting a small quantity at a time a more favorable result is obtained, provided a sufficient figure be attained within the twenty-four hours.

The duration of the elimination for a dose of six grains is generally about twenty-four hours; it begins to be appreciable half an hour after the injection. The elimination of a dose of three grains often appears to be completed in nine hours, and it frequently does not make its appearance in the urine before an hour and a half.

The author draws the following general conclusions:

1. In articular rheumatism, as well as in other diseases, where its value is recognized, sulphate of quinia may be administered by the hypodermic method without serious inconvenience, and with advantages easy to appreciate.

2. Experimenters who have employed this drug by subcutaneous injection, have generally used insufficient doses, which explains the absence of physiological phenomena in their observations.

3. One has to introduce by the skin a dose more than half, almost two-thirds, of what one would give by the mouth to obtain effects as nearly as may be identical.

4. Absorption is more rapid and elimination more prolonged, when a large dose is employed.

5. Finally, the greatest advantages to be derived from the hypodermic method thus applied are, first, rapidity and certainty of action; secondly, immunity of the digestive track from derangement. The last result is valuable, for the integrity of the functions of the stomach allows us to nourish our patients from an early period, and to abridge the period of convalescence.

Capillary Aneurism of the Pons Varolii.

In the *Weiner Med. Wochenschrift* (*Brit. Med. Journ.*), Dr. HESCHL, of Gratz, says that not unfrequently there are found, in the pons varolii, reddish well-defined spots, varying in size from a hempseed to a pea. On section, an appearance is presented of distinct red points, which, with a very moderate magnifying power, are found to be dilatations of the smaller and smallest blood-vessels. Similar spots are more rarely found in other parts of the brain. VIRCHOW has described them in his *Archiv.* (III. p. 440, and XXX. p. 272), and appears to regard them as of the same nature as nævus. On the whole, says Dr. HESCHL, they have been overlooked, and, on the other hand, some have overrated their importance. SCHRŒDER VAN DER KOLK conjectured that they bore a causal relation to epilepsy.

Since April, 1859, Dr. HESCHL has collected 16 cases, in which these appearances have been observed. By the naked eye, there are seen very small dark red spots, generally thickly set together; the substance of the pons between them is slightly reddened. The microscope shows red and white corpuscles, also, frequently a net-work of fibrinous bands, often 1-300th of a line in diameter. The size of the spot in which these aneurisms are collected varies from the size of a hempseed to that of a hazel-nut, or larger. The number of these foci is generally limited to one; in many cases there are two; and very rarely there are numerous foci scattered through the brain—the aneurismal tumors being distinctly limited, and unattended with any effect on the surrounding brain substance beyond slight imbibition, detectable only by the microscope. The spots are generally round or elliptic in form; some, especially the larger ones, are tongue-shaped. As to their locality, in 11 cases out of 16, they were situated in the pons Varolii; in one, in the right processus à cerebello ad pontem, extending into the arbor vitæ; in one, a spot as large as a hazel-nut was found in left anterior lobe; in one, in roof of left lateral ventricle; in one, the aneurisms were scattered in the right centrum ovale, etc.

The frequency of the appearances at various ages, in proportion to the number of *post mortem* examinations, is shown in the following table:

Age.	No. of Autopsies.		Cases of Capillary Aneurism.		Proportion to Autopsies.
	M.	F.	M.	F.	
40—50	73	67	3	2	1 in 28
50—60	82	51	4	1	1 in 26
60—70	38	45	1	2	1 in 27
70—80	20	18	2	0	1 in 19

In one case only were the capillary aneurisms found in a patient under 40. In more than 800 autopsies, made during forty years, Dr. HESCHL has never met with them in young subjects, hence he doubts their affinity with true nævus. They are very commonly connected with atheroma of the vessels—which was observed in a large proportion of the cases. None of the patients appear to have suffered from epilepsy, although three were in an asylum.

On Tobacco Smoking, [Das Tabakraochen. Vom Dr. Pfaff.]*

VELPEAU read on July 21, 1862, in the Academy of Sciences, of Paris, a memoir of a Mr. DEMEAUX, who asserts that the men in the Department of Lot have become considerably more healthy in consequence of smoking tobacco, on account of which fact it would be well to cause the introduction of smoking into schools and lyceums.

In opposition to him, the Physicians in England have organized a society, which consists of members from all classes of society, and which has for its object to warn persons against the use of tobacco as an immoral habit, the evil consequences of which are depicted in the most glaring colors.

These extreme views have induced PFAFF to examine in an unprejudiced manner the advantage and disadvantage of smoking tobacco, and the results are as follows: As a general rule it can be affirmed that the earlier the habit is formed the more injurious it is in its first effects. Much also depends upon the kind of tobacco employed. Inferior varieties are often sought to be improved and rendered inflammable by substances sometimes corrosive, and often injurious to the health. A subjection of manufactories of tobacco and cigars to the police, or to a board of health, is the more to be desired, as in some of these manufactories the composition of such substance is kept secret. It is known that absorption of morbid matter from cigars has taken place through sores in the hands of the workmen in cigar factories. When we compare the good with

* From Canstatt's Jahresbericht on the progress of medicine in all countries. "Account of the progress of hygiene in 1862, by Dr. BIRKMEYER, in Nürnberg."

the evil consequences of smoking, there remains quite as much to be said for as against this habit. As a rule the moderate smoking of good and not very strong tobacco is as little injurious as the moderate use of coffee and beer. The best test of its hurtfulness is in the subjective sensations of the smoker himself. He who experiences nausea, or other unpleasant results from its use, will be led to the belief that the habit is not useful to him.

Let smoking, therefore, be permitted to the young. Among them will be found some to whom it will be always injurious, but many persons require a powerful exciting agent, and if we had not tobacco, men would certainly employ some other narcotics, perhaps even opium.

Suicide.*

Mayer, who is already known by his admirable statistical studies on suicide in Bavaria, draws the following result from the tables which have appeared in Vienna on the statistics of the Austrian monarchy.

1st. *Frequency of Suicide in general.* Suicide is not very frequent in Austria, and especially is this the case in the portions of it which are not German, and less civilized. It increases in proportion exactly as the population is more dense and more employed in industrial pursuits and trade.

On the other hand, murders and accidents are more frequent in the provinces which are not German, and these (more especially the accidents) reach their maximum in the mountainous and thinly settled portions of the country.

2d. *Sex.* Suicide of women is relatively less frequent in Austria than in Bavaria, and this especially in the German portions. Murders committed by women are relatively less frequent in Austria than in Bavaria—but this is so only in the portions not German, where murder by men is more frequent.

3. *Age.* By comparison with the lists of the ages of the population it is found that suicide increases in old age, and more with men than women. From 20 to 30 years, and also (although in less proportion) from 30 to 40, suicide is more frequent comparatively in women; after the 40th year it is less frequent with them than in men. (This is when we take as a standard the mean ratio of suicide between men and women in all ages.)

4th. *Religion.* In Austria suicide is most frequent among Protestants, and least so among Jews.

5th. *Time.* Most of the suicides in Austria are committed from May to July, the smallest number occur from December to February.

6th. *Manner.* In the German provinces of Austria, hanging and poisoning, in the other portions drowning and shooting are most frequent. Compared with other countries hanging is very frequent, and drowning very infrequent in Austria, probably on account of the small proportion of women who commit suicide. As everywhere men usually choose hanging and shooting, women drowning and poisoning. It is worthy of remark, that in the provinces which are not German, suicide among women by shooting is three times as frequent as in the German provinces. As regards the time of year, these special modes of death observe about the same relation when taken separately, as is found when they are taken collectively, with the exception of drowning, which occurs more especially from May to August, the four bathing months.

* Stodien zur Statistik des Selbsmordes in der österreichischen Monarchie. Von Dr. C. Fr. Majer. Deutsche *Zeitschr. f. d. St.* XIX. Bd. 1 H.

Reviews and Book Notices.

NOTES ON BOOKS.

Sansom on Chloroform.*

Lindsay & Blakiston have done well to reprint this book; which, in less than three hundred duodecimo pages, tells us, well and fully, all about chloroform. It is a capital monograph.

We have in it, first, a good account of the history of anæsthesia, giving due credit to the American inauguration of ether; though without deciding the question of credit between Wells, Morton and Jackson. Then the influence of chloroform on mortality after operations is considered, with statistics; concluding, that although chloroform has a number of times caused death, such instances are not more than about one in sixteen thousand cases of its administration; that with more care and knowledge their number may be greatly lessened; and that altogether it has already proved a conservator of life in spite of such accidents.

After a chapter on the chemistry of chloroform, Dr. Sansom discusses thoroughly and ably its effects and mode of action when inhaled. We note the following points: Its action is not instantaneous; four minutes at least are required for the production of insensibility; so that without consent, chloroform can hardly be used by any one in aiding in crimes against the person. The first effect of chloroform is exhilaration with increased force and quickness of the heart's action. This is very brief; longer and more excited with ether. Then loss of sensation, afterwards of muscular motion and all mental consciousness; finally, profound narcosis. The sensibility of the *skin* is first lost.

With all anæsthetics, dilution or slow inhalation prolongs the stage of excitement. A large quantity suddenly applied causes or endangers immediate collapse.

Dr. Sansom does justice to the value, present and prospective, of other anæsthetics besides chloroform. For reduction of dislocations by prolonged relaxation, he advises ether; and he is hopeful of the future utility, for milder effects, of *amylene*. The most potent and dangerous of all is hydrocyanic acid; the simplest in action, car-

* *Chloroform: its Action and Administration.* By Arthur Ernest Sansom, M. B. Lond. Late House Physician and Physician-Accoucher's Assistant to King's College Hospital. Pp. 280. Philadelphia: Lindsay & Blakiston, 1865. *Price*, $2.25.

bonic acid. We have a conjecture that the latter may yet have an important *rôle* to fulfil. Nitrous oxide is only thus noticed in Dr. Sansom's table: "Produces excitation and exhilaration; has been tried in the human subject, but has proved dangerous." (P. 62.) Dr. Colton's observations seem to have lately almost finally established a different conclusion. We ask, by the way, and would like to see answered, the query, what becomes, in the now increasing and successful use of nitrous oxide in surgery, of the wild excitement familiar to every student of chemistry? Dr. Sansom hopes for selection to go still further hereafter,—or that by some happy combination we may find the "coming anæsthetic."

The *theory* of artificial anæsthesia which Dr. Sansom adopts is, that it depends on the *suppression of the normal action of the blood* upon the nervous centres; suspension of oxidation. This view is well sustained by him, with facts and arguments; it is most probably correct.

The causes of danger in chloroform inhalation are extremely well analyzed. Most deaths from chloroform have occurred before full insensibility was produced. A few may have been from mental shock, not anæsthesia. Most fatal cases have been in adult males; chiefly healthy and robust men; and with trivial operations. Children, women, and chronic invalids, have the best tolerance of chloroform. Drunkards the worst.

The most frequent mode of death, then, from chloroform is, by sudden collapse, when a great deal is breathed undiluted; next to that, by coma, when insensibility has been prolonged. If disease of the heart add to the danger, it is not valvular disease, but enfeeblement of the muscular action of the heart; especially fatty degeneration. Death may, in any case, occur, 1. From paralysis of the heart; this is the most common. 2. Spasm of the heart. 3. Palsy of respiration—suffocation. 4. Coma.

How best to administer the anæsthetic is a most important question. We have room only for Dr. Sansom's carefully elaborated conclusions. Two principles are paramount. I. The continuous inhalation of an atmosphere of known strength; of the *definite dilution* of three and a half per cent. of chloroform. II. The administration of a still much more dilute atmosphere at first, and the progressive increase in its strength, thus establishing *tolerance*. Mechanical apparatus is recommended for the definite dilution. As an *impromptu* inhaler, Dr. Sansom mentions the following: Procure an oblong piece of brown paper, eighteen inches long by twelve wide, or a newspaper folded in three; place upon it a pocket-handkerchief smoothed out, and retain it by two or three pins; then roll the paper so as to form a hollow cylinder of about four inches in diameter, which will thus be lined by the handkerchief. Air freely enters the hollow of the cylinder, and thus provides for the dilution.

The ordinary very indefinite modes of inhaling chloroform, from a sponge, towel, or handkerchief, are very properly condemned. But, if gradual and controllable definite administration of the liquid be maintained by an instrument, it must make less difference how it reaches the nostrils of the patient. We have seen frequent and most satisfactory use of an instrument furnished to the surgeons of the army during the late war, which gives the chloroform *drop by drop*. Falling upon a handkerchief laid singly over the face, dilution is thus afforded, and it is entirely controllable. About six minutes generally suffice for full anæsthesia.

The stages are, first, *sopor;* light sleep, loss of sensibility, with partial consciousness; second, *stupor*, total unconsciousness, so that the eyelids will not wink when the ball is touched; this stage is generally marked by involuntary muscular tremor; third, *stertor*, or profound narcosis with perfect muscular relaxation. The *first* stage is enough for simple incisions, the removal of a tooth, &c., or to mitigate the pains of natural labor.

Dr. Sansom's practical rules are very good. Examine the health of the patient, and beware especially of weak hearts and obstructed lungs. Be careful that he has had no food for four hours. Prefer the recumbent position if it is possible. Reassure the mind of the patient. Commence inhalation always gradually. Continue it until the necessary stage of anæsthesia or narcosis is attained. When it is so, then let him breathe pure air. Do not be too anxious to reapply the chloroform towards the close of the operation, for frequently there will be a return to partial consciousness, although there remains a complete absence of pain. During the time of recovery from the effects of the anæsthetic let the patient be undisturbed.

For *resuscitation*, when death is threatened during inhalation, Dr. Sansom recommends the recumbent posture, the drawing out of the tongue, alternate pressure on the sternum, and then artificial respiration. Mouth to mouth is quickest, but Sylvester's method, by raising the arms above the head and lowering them, or Marshall Hall's, by turning over upon the side and back, may be continued longer. Sylvester's is no doubt the best. Warmth may be applied at the same time, and friction, especially *toward* the heart. Cold air, cold water, ammonia, etc., are useless in anæsthetic coma. Galvanism is the last resort, although tracheotomy is sometimes practised. Enemata of brandy and water may assist the reaction.

Of anæsthetic *mixtures* Dr. Sansom agrees with the committee of the Medico-Chirurgical Society in speaking well, at least in cases requiring prolonged insensibility. That most approved consists of alcohol one part, chloroform two parts, and ether three parts.

We need not follow Dr. Sansom in his account of the particular applications of chloroform in Surgery, Medicine, Obstetrics, and Dentistry. It is all well prepared and expressed, and worth careful study. It would not surprise us if a judicious appreciation of such facts and methods as this book has collated might do much towards abating the apprehension so common in this country in regard to the use of chloroform, and might promote its use, in mixture at least, with ether, as extensively as it has been employed in Europe. Unless, at all events, nitrous oxide is going to take its place, this is not impossible; nor, we believe, undesirable.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 20, 1866.

CHOLERA—QUARANTINE REGULATIONS—CONGRESSIONAL Action DEMANDED.

In one of our late numbers the question of cholera, contagion, and quarantine was somewhat lengthily discussed. We took strong ground against the attempt to abolish quarantine, and in favor of Congressional action, so as to secure a perfect, liberal, uniform system, not only of quarantine, but of sanitary protection of the emigrant. The right of the national government to protect the people against invasions of causes detrimental to public health, and its *duty* to do so, cannot be denied.

In anticipation of, and with a view to influence or counteract probable congressional legislation on this subject, the *free-traders* and *free-intercourse* people—that is, the importers and merchants—of Boston have already issued a pamphlet, addressed to the same class of citizens of New York, in which the abolition of quarantine is advocated. We are sorry to see that the resolutions passed by the Boston physicians, on the abstract question of the contagiousness of cholera, are now used by these men as an argument in favor of abolishing quarantine. If that was the object of these resolutions, which we have quoted in a previous number of the Reporter, then we cannot too severely condemn the Suffolk District Medical Society for its hasty and injudicious action, which furnishes to these merchants, whose only care is for their bales of silk and boxes of dry-goods, and eventually for their dollars and cents, a strong lever, by which they hope to lift quarantine out of its foundations, and throw it into the sea. And we are also sorry to see that Dr. Snow's otherwise excellent paper—which unfortunately was addressed to the public at large, who have no means of judging correctly in such matters, instead of to the profession—is in the same way used to make capital for the importers and jobbers.

We have the authority of the *Boston Medical Journal* that the physicians of Boston, who voted in favor of the resolutions, had no intention whatever thereby to express themselves against quarantine measures, but that, on the contrary, they were decidedly in their favor. But having passed the resolutions, and allowed them to go before the public, and to be made the ground of a violent onslaught on all restriction to commercial intercourse, and a *quasi* professional indorsement of the free-intercourse doctrine, it is their duty, which they owe to themselves, and to the public, at once to pass another series of resolutions, giving a correct interpretation of the former, and disavowing the dangerous fallacies which the importers and jobbers are so willing and happy to deduce therefrom. Is this asking too much? The profession, when it passes resolutions which are calculated to go before the public, is *responsible* for their interpretation, and the uses to which they are put by designing men, for purposes of their own. Is the Suffolk Medical Society willing to let its official seal be affixed to the pamphlets of the Boston merchants, by furnishing them with ambiguous resolutions to be used *ad libitum*, and for purposes detrimental to the public welfare? If not, we call upon it to remedy the bad effects resulting from an injudiciously taken step. It is not too late for that society to put itself right before the public and the profession, and we beg them to take the matter into early and earnest reconsideration.

Bearing on the subject, and of great interest, is the able report of Dr. Sayre, of New York, to the Board of Health Commissioners, in which he takes, essentially, the same position which we assumed in our former article. His arguments in favor of Congressional legislation on quarantine are strong and to the point. We quote:

"New York is accessible by the land as well as by the sea, and unless these same quarantine regulations are enforced in every seaport town upon the entire coast, there is no security; but the disease being imported into some of these seaport towns, may come to us by railway communication. We may therefore see the necessity for Congress or the General Government to take possession of this matter, and enforce a uniformity of quarantine regulations at every port of entry. The Government establishes a port of entry, collects revenue at a port of entry, and should, therefore, perform the duties connected with a port of entry, one of which is a proper quarantine establishment, and kept under military regulation, by which it may be rendered uniform and efficient. It sometimes happens that the port of entry, as in our own city, lies upon a river bordering upon two States, and the port may be in one State, and the most advantageous place for a quarantine under the jurisdiction of another. This conflict of jurisdiction renders it essential that it should be placed under the control of the General Government. The General Government would not hesitate to take possession of any place where it could best protect the country from an invasion by a foreign foe, irrespective of State

boundaries, or State jurisdiction, were it to come in the form of armies or fleets. How much more necessary, then, that the same precautions should be taken against a secret foe of pestilence and poison, vastly more destructive of human life than a fleet equipped with Armstrong guns. As there are also many ports of entry, it is a necessity that the General Government should assume this control, in order that their action should be uniform; as we have already received an official communication from the city of Boston, in which a committee of medical men have stated 'that the disease is neither infectious nor contagious; cannot be communicated by one person to another by their effects or things, their excretions or secretions, and that it is an epidemic entirely beyond quarantine regulations, or military cordons, and they, therefore, unanimously recommend the immediate removal of all such restrictions.'

"Boston being a port of entry, and having promulgated in pamphlet form to the merchants of this city their views upon this subject, may introduce into their harbor commercial intercourse, and the disease be disseminated throughout the country by railway communication; it is, therefore, patent that it is a necessity that the General Government should assume jurisdiction in this matter, as the General Government is responsible for the protection of the entire nation, and, by convention with Canada and the British provinces, a uniformity of quarantine could be established upon the entire coast, and thus the continent be protected from this terrible scourge.

"Congress has recently very wisely enacted a law to prevent importation of disease among our cattle. How much more necessary that it should enact a law which would enable us to prevent this plague and others from being imported among our people?"

We hope that the profession will take hold of this matter, and indicate to Congress that it considers it a matter of the highest public importance, that a humane and liberal quarantine law be enacted by that body, and carried into effect by the national administration, taking the matter out of the hands of a few interested men and municipal localities,—a quarantine which shall be alike protective to the public and beneficial to the immigrant.

—— Commissioners to locate the WILLARD Asylum for the Insane, for New York, have selected Ovid, Seneca county. The buildings erected for a State Agricultural College are to be used.

PROSTITUTING SCIENCE.

Whatever be the honest political opinions of any man, and however antagonistic they may be to our own, we are always in favor of the widest freedom to give expression to them at the *proper* time and in the *proper* place. But, when representative men of the science of medicine—which is in its very nature cosmopolitan, which should be guided by the purest spirit of philanthropy, which is charity itself, which one of the Nestors of American Surgery has fitly and beautifully termed "Clinical Christianity"—belittle themselves so much and prostitute their official position to such an extent, as to use their position as teachers of medicine to preach politics *ex cathedra*, and to spit sectional hatred and party venom upon those who differ from them politically, it is time that the warning voice of the medical press should be raised against them and their mad proceedings.

Dr. JAMES JONES, a Professor in the medical department of the University of Louisiana, in an introductory lecture delivered at the opening of the School in New Orleans, and which is published in the New Orleans *Times* of Nov. 15th, 1865, has shown himself to be unfit to represent the profession of medicine as a teacher, by committing this crime of prostituting science to advance his own private political opinions. He appeals, in his address, to the sectional feelings of the Southern men whom he addresses; he speaks of the commercial intercourse of Northern men with the population of New Orleans, as the "*incursions of restless Northern barbarians*," speaks of the "*negrophilous clergy and laymen of our discriminating Northern and Western States*," and of fearful maladies which sweep over nations, '*dissevering the ties of country and kindred, thirsting for blood, and led on by the war-whoops of demons in the garb of saints.*" Probably Dr. JAMES JONES has not recovered from this last mentioned malady?

For shame! Of all men in this world, the followers of our profession should be the last to keep up the animosities of the past. Our science knows no South, no East, no West, no North. Its representative men should be the first to heal, by mutual charity and forbearance, the old sores of the past. We have nothing to do with politics; but any man who attempts to sectionalize our science and to prostitute our profession, by preaching political hatred, as a teacher of medicine must be denounced, to allow him the most liberal excuse, as morally insane. Some insane men have to be *restrained*, to prevent them from injuring themselves, or stripping off their clothes. Professor JAMES JONES will please consider himself under such restraint.

MEDICAL SOCIETY OF NEW JERSEY.

This venerable society, the oldest State medical organization in the United States, holds its regular annual session on *Tuesday next, at* 11 *o'clock, A. M.,** at New Brunswick, New Jersey. This is one of the *live* medical societies of the country. Its Transactions always contains something worth reading. One feature of its transactions is specially worthy of imitation by other medical societies. We refer to *the Report of the Standing Committee.* This committee receive the reports on Epidemics, etc., and other communications, from the reporters of the District Medical Societies, and *digests them*, presenting in an orderly, connected manner, the medical history of the year. When the Standing Committee has an efficient chairman—as is the case with that under consideration—this report becomes exceedingly interesting and valuable.

In the Transactions of 1865, a noticeable feature is the very able—we may say, unusually able—and felicitious address of the President, Dr. E. M. Hunt, of Metuchin. His subject was Medicine in its three-fold relations as a Science, a Business, and an Art. So well pleased was the Society with this admirable address, that five hundred extra copies were ordered to be printed for distribution. Fortunate is he who possesses a copy.

On the day succeeding the regular annual meeting of the Medical Society of New Jersey—that is, on Wednesday next, the 24th, the Society will celebrate its Centennial, having been founded in 1766, and kept up a continuous organization since. The following is the Order of Exercises for this occasion: 1. Prayer; 2. Address of the President, Dr. Abraham Coles, of Newark; 3. Historical Narrative, by Dr. Wm. Pierson, of Orange; 4. Dinner, for members and invited guests. We anticipate a very pleasant and profitable meeting on both days, and hope that the profession of New Jersey will be there in full force and character.

DEATH OF DR. PHILIP WALTER,

Of Nazareth, Pennsylvania.

It is our melancholy duty to record the death of this excellent and distinguished physician, which took place, suddenly, on the morning of the 19th ultimo, at his residence at Nazareth, Northampton county, Pennsylvania. His disease was angina pectoris, under which he had labored for the last eighteen months.

Dr. Walter was of German descent, and was born on the 1st of September, 1799, in Upper Milford Township, Lehigh county, Pennsylvania. He was, consequently, at the time of his death, in the sixty-seventh year of his age. His private medical instruction was obtained in the office of Dr. Green, of Quakertown, in this State He received the doctorate in the spring of 1823, after having attended two full courses of lectures in the University of Pennsylvania. Soon after this, he settled at Nazareth, where he soon acquired a large and lucrative practice, and which continued to be the scene of his labors up to the time of his death—a period of forty-one years.

Dr. Walter was tall and erect in person, with dark hair and eyes, a handsome countenance, a gentle voice, and highly agreeable manners. His mind was well stored with professional knowledge. He read much, and was a close observant, and skilful practitioner. His practice extended over an immense field, and few cases of importance occurred for many miles around Nazareth, in which he was not consulted. His popularity in the village itself was unbounded; and the immense crowd of mourners that followed him to his last resting place, notwithstanding the excessive inclemency of the weather on the occasion, more strongly attests than any language can express, the esteem and affection in which he was universally held by the people among whom he had so long lived, and whom he had so often and so faithfully served as their medical adviser and friend. The poor will never forget his kindness and disinterested devotion. He made no distinction among his patients; he served alike the rich and the destitute. It was sufficient for him to know that they needed his attentions. As a husband, father, neighbor, his character was most exemplary. His intercourse with his professional brethren was governed by the highest sense of honor. He never, in all his life, uttered a word of reproach or of unkindness against any one. He possessed great skill in diagnosis, and his presence never failed to inspire confidence and hope in the sick-chamber.

Dr. Walter has left behind him a son, a young physician of promise, to inherit his good name and succeed him in business. He himself requires no monument. His memory is indelibly embalmed in the affections of the grateful and appreciative people among whom he so long, so usefully, and so successfully labored. G.

The New York Lancet,

Is the title of a new candidate for public favor. The *Lancet* is to be issued fortnightly, at 806 Broadway, New York, and is edited by Dr. N. R. C. Rowe. It is a family journal. The initial number is very creditable. It seems to us that the name chosen is an unfortunate one for a family medical journal. If we understand Dr. Rowe, his intention is to visit families as a hygienist, and not as a practitioner. "Lancet" is, therefore, an inappropriate name. The subscription price is $2 a year. We advise our readers to send ten cents for a specimen copy, and introduce it among their constituents.

* *Not* 7 *o'clock, P. M.*, as erroneously published in the notices in previous numbers of the Reporter.

Notes and Comments.

Compulsory Vaccination.

In an article by Dr. J. B. JONES, of Brooklyn, published as a part of the Transactions of the Medical Society of the county of Kings, in the *Buffalo Medical and Surgical Journal*, that gentleman makes some timely remarks on the necessity of compulsory vaccination. He says:

"Give us laws making it compulsory for every one born in the State, or resident thereof, to be vaccinated and re-vaccinated; economy, justice and humanity demand it. We may not by such laws be able to exterminate the disease, but we can so protect the people that the mortality will be diminished to such an extent, that death from it would be rare, and cease to excite the public mind. From observation and research, I am led to strenuously recommend re-vaccination to every person under thirty years of age, as often as every fifth or sixth year.

"That the laws in this State, and I believe in every other State in the Union, are culpably deficient, must be evident to the casual observer. That by judicious laws properly applied in cities and throughout the States, the number of *cases* which would occur annually, would not amount in the aggregate to the number of *deaths* which now annually result from this disease. That the reason why such laws are not now existing in this country, is due, to a very great extent, to the want of intelligent and combined action of the medical profession."

To all this we say, *Amen!* If the profession would only act in concert, we would soon have a system of sanitary laws, beneficial to the public and creditable to ourselves. But, as matters have been, everybody pulling in the wrong direction, or out of time, little could be expected. There is a Sanitary bill before the Legislature of New York. Let the profession see to it, that compulsory vaccination forms one of its clauses.

Public Urinals.

In an excellent "Report on the Means of Improving the Sanitary Condition of Chicago," made by a committee of medical gentlemen, of which Prof. N. S. DAVIS is chairman, among other suggestions, is one regarding the establishment of *Public Urinals*, which applies with equal force to every large city on the continent. Whoever has perambulated the streets and boulevards of Paris, will remember gratefully these excellent little institutions of personal comfort and public health, for which we Americans use alleys and street corners, which, as the report truly says, "is not only an offence against public decency, but the impregnation of the soil in the alleys and around the street corners with urine, is a prolific source of offensive and poisonous emanations."

There is, so far as we know, *one public urinal* in successful operation in the city of New York—in City Hall Park—which, however, had better be abated as a nuisance; it is constantly filled, has very deficient drainage, and the incrustations of urinary deposits in the basin are nearly an inch thick, while the use to which the little wooden box is put, is made apparent to the noses of the passers-by at a distance of many yards.

We know of but one public urinal, and that a badly constructed one, in this city. It is located back of Independence Hall. We commend this subject to the attention of our city authorities.

Effect of Sanitary Provision on the Death-Rate in English Cities.

A correspondent "C. L. B." of the *New York Times*, communicates to that journal some interesting statistics of Salisbury, to show the benefit derived from sanitary provision, *apropos* to the health-bill for New York, which will be proposed during the present session of the legislature, and for the passage of which every physician should exert his influence.

The following are some of the statistics given in the paper:

The subsoil water has been lowered four or five feet over the whole city, and the floor of the Cathedral is dry. Since drainage, in nine years, 531 less people have died than in nine years before drainage, *excluding* the cholera year; that is, instead of four, only three.

Nine years.	Before Drainage.	After Drainage.
Births	2,470	2,624
Deaths	2,226	1,629
Majority of births	244	929

The following table will show the total number of deaths in each of nine consecutive years before and after drainage. The years end upon the 30th of June, so that the cholera cases of 1849 are excluded:

Year.	Deaths before drainage.	Year.	Deaths since drainage.	Yearly decrease.
1841	230	1856	182	48
1842	268	1857	194	74
1843	284	1858	213	71
1844	251	1859	200	51
1845	216	1860	201	15
1846	200	1861	132	68
1847	321	1862	230	91
1848	220	1863	192	28
1849	236	1864	151	85
Total	2,226	Total.	1,695	531

The average annual mortality before drainage was about 27 in 1000; for the nine years since, 20 in 1000. In other words, *one-third* of the deaths that would have occurred have been saved by these sanitary improvements; or, as Mr. CHADWICK somewhere expresses it, it is as if "one year in every three in Salisbury were a jubilee year—entirely free from death." The character of the diseases, too, has changed.

"Zymotic diseases killed 247 people in seven years before drainage, or 3.88 in 1000 per annum, (cholera cases being excluded.) In seven years since drainage, zymotic diseases killed only 172, or 2.73 in 1000, as an annual average. The zymotic deaths in the whole kingdom being at the rate of 4.45 in 1000 per annum, a comparison therewith is very much in favor of Salisbury. While 1 in 219 annually dies elsewhere, only 1 in 367 dies from that class of diseases in Salisbury."

Since drainage, a great change has taken place in the number of deaths from the allied tubercular diseases, phthisis, *tabes mesenterica*, and *hydrocephalus*, as the annexed table shows:

	Phthisis.	Tabes Mesenterica.	Hydrocephalus.
Before drainage, 1844–50.....	286	32	30
Since drainage, 1857–63.....	143	17	10
Diminution...	143	15	20

The Close of Salisbury shows, also, a reduction of death-rate from nearly 20 to about 14 in 1000, which is lower than that of the Isle of Wight, which is about 17, and is one of the healthiest rates in the kingdom.

TABLE OF COMPARATIVE MORTALITY FOR TEN YEARS.

	In 1000 per annum.		In 1000 per annum.
England	22	York	24
One hundred and forty-two Districts, including chief cities	24	Exeter	24
		Bristol	27
London	23	Clifton	21
Liverpool	33	Bath	22
Manchester	31	Worcester	23
Birmingham	27	Canterbury	23
Southampton	24	Brighton	22
		Scarborough	21

FOR NINE YEARS.

City of Salisbury, before drainage	27	Close of Salisbury, before drainage	20
City of Salisbury, since drainage	20	Close of Salisbury, since drainage	14

Macclesfield is also a marked instance of the effects of sanitary improvements. The results are plain. In the seven years ending September, 1848, the rate of mortality in the borough was 33 in 1000. In five years since 1848, and ending September, 1853, before the works were fairly in operation, the mortality was 29 in 1000. In 1854 the mortality was 25.

But the most marked effects were in the worst streets. The average stands thus, after the sanitary improvements:

Wood street, 60 per cent. less deaths.
Nixon's yard, 42 per cent. less deaths.
Watercotes, 40 per cent. less deaths.
Wellington street, 34 per cent. less deaths.
Water street, 12 per cent. less deaths.

The latter streets were the last completed. The average length of life in Macclesfield, up to 1848, was 24 years; in 1854, it was 27 years. The decrease of deaths of persons between 20 and 30 years was 23 per cent., that is, *nearly a quarter* of the young men and women of the town, who would have died, were saved by sanitary science. The saving, too, in sickness has been very remarkable. Under good sanitary arrangements crime, too, diminishes.

Thus, there is in

Wood street, 55 per cent. less crime.
Nixon's yard, 47 per cent. less crime.
Water street, 24 per cent. less crime.
As shown by the police records.

Mr. Rawlinson, in a report upon the borough, shows the expense in poor rates saved by sanitary improvements. He takes certain poor streets which were sewered and paved:

	Relief paid in 1848.	Relief paid in 1855.
Wood street	£54 0 0	£ 3 18 0
George street	54 0 0	12 10 3
Water street	40 4 6	1 00 0
Nixon's yard	10 1 0	7 16 6
Total	£158 5 6	£25 4 9

The cost of all the works in the streets was £1541. The saving of one year in poor rates paid the interest on the outlay at 5 per cent., and left £56 as an instalment toward the principal.

Another saving is estimated from the number of deaths. The rate of mortality being reduced 7 in 1000, it is estimated that during five years 1015 lives were saved. In funeral expenses alone, calculated from 232 burial clubs, £8729 were saved.

There have been also in that period 28,420 less cases of sickness, and estimating the cost according to the data furnished by benefit societies at a shilling a day for 20 days, £28,420 would have been saved in this way alone.

The deaths of children under one year have also decreased 16.3 per cent., and those under five years, 4.6 per cent.

A Bird with False Plumage!

The *British Medical Journal* alludes editorially to a lady named Fergusson, holding the degree of M. D., from the University of Philadelphia, and who is said to have acted as resident surgeon or *chirurgienne* to a lying-in hospital in that city, and to have made the voyage to Australia in charge of a ship, and who applied, in June last, to the Medical Board at Melbourne, to be placed on the register. The *Australian Medical Journal* also alludes to the case.

We call the attention of our English and Australian cotemporaries to the fact that the degree held by this lady, if indeed she holds any at all, is NOT from the *University of Pennsylvania*, but from a hybrid concern, "eclectic, homœopathic," etc., at which men and women attend lectures together, and which has secured from a pliant legislature a charter, under the title of Penn Medical University—a manifest injustice to the time-honored University of which Pennsylvania legislators should have been too proud to thus desecrate its name.

Cholera and Quarantine.

We notice that our respected cotemporary, the *Cincinnati Lancet and Observer*, takes the same view on this subject that we do. In an editorial article in the December number, it says:

"We presume few physicians regard cholera as a contagious disease; but at the same time it is certainly very true that certain epidemics, of which cholera is one, travel in the track of commerce—along the world's highways has this terrible destroyer journeyed across continents and oceans. There seems, therefore, a propriety in the enforcement of such regulations as will, to a certain extent, pile up a barrier in its track. These precautions occasion considerable annoyance and inconvenience, but if they avert or delay calamity to the community, to neglect them becomes absolute cruelty.

Correspondence.

DOMESTIC.

Detached Kidney.

Editor Medical and Surgical Reporter:

In Vol. X. No. 3, p. 46, of the Reporter, I reported a case of "Detached Kidney," the first that ever came under my notice. As it was something new to me, as well as those physicians with whom I conversed on the subject, I concluded to give the result of my observations to the readers of the Reporter, thousands of whom were probably as ignorant of this dislocation as I previously had been.

I made no comments at the time, expecting to see something either from the Editor or from the pen of some able contributor, that would give me further light on the subject, but in this I was mistaken, as no notice seemed to be taken of the case. Neither had I been fortunate enough to meet with anything relating to such cases, until taking up the Reporter of Dec. 9th, Vol. XIII., No. 24, p. 382, I found an extract from the *British Med. Journal*, from which I would infer that such cases were not uncommon. And hence the question arises, why is it not noticed generally by our *authors*, and thus familiarize our young practitioners, and in fact some of the older ones, with an accident, from the ignorance of which they may suffer much annoyance.

I have recently met with another case of floating kidney, which, from my former experience, I had no difficulty in diagnosing. And though the lady suffered much in consequence of its occasionally coming in contact with, and pressing upon, an inflamed stomach and duodenum, yet she was saved the drugging, which might have resulted from ignorance, and taught the *modus operandi* of obtaining relief, which was simply to turn gently upon the left side, (the left kidney being displaced,) and allow the kidney to fall back into the lumbar region.

M. Louis Meads, M. D.

Spring Arbor, Mich., Dec., 1865.

News and Miscellany.

Diphtheria—A Circular from Dr. Norton.

Dr. O. D. Norton, of Cincinnati, was placed on a special committee by the American Medical Association to report on diphtheria. He has handed us, says *the Lancet and Observer*, the following list of queries, and any of our readers who have had opportunities for observing the disease, will confer a favor that will be appreciated and acknowledged, by corresponding with Dr. Norton:

1. Has diphtheria occurred in your practice? If so, when did it first make its appearance? (Please state the year and the months in which it prevailed, and how many cases came under your observation.)

2. Did it occur as a sporadic, endemic or epidemic disease?

3. Did the disease affect one class or age more particularly, and what were its general characteristics?

4. What in your opinion are the general, and what the exciting cause or causes of the disease?

5. Do you consider diphtheria and scarlatina identical?

6. Do you consider it communicable?

7. What other diseases were especially prevalent at the time?

8. Do you know of any disease having affected animals during the occurrence of diphtheria in the community?

9. Have you seen the diphtheritic membrane developed upon the cutaneous surface or upon wounds?

10. In what proportion of cases has the disease invaded the larynx? Also, the œsophagus?

11. What have been the sequelæ?

12. What has been the result of post-mortem or microscopical examinations?

13. In what proportion of cases have you found albumen in the urine?

14. What has been the rate of mortality? and what the immediate cause of death?

15. What was the general course of treatment pursued by you, and what particular remedial agents seemed the most productive of good?

Pension Examining Surgeons.

The following are recent appointments:

Massachusetts.—Dr. J. S. Sullivan, Malden.

Vermont.—Dr. J. J. Meigs, Hyde Park.

Ohio.—Dr. Orrin Ferris, Upper Sandusky.

New Anæsthetics.

Mr. Nunneley showed to the members of the British Medical Association two substances, the bromide of ethyl and the chloride of olefiant gas, which for some time past he had used as anæsthetics. He stated that he had not lately performed any serious operation, either in private practice or at the Leeds General Infirmary, without the patient being rendered insensible by one or other of these agents; each of which he believed to possess important advantages over chloroform. They were among the many analogous bodies experimented upon by him, and were favorably mentioned in his essay on Anæsthesia, which was published in the *Transactions* of the Association for 1849. At that time the difficulty and cost of their manufacture were too great to allow of their being commonly used. This difficulty had, however, been overcome; and, should their use become general, they can be made at a cost not exceeding that of chloroform, if not at less. They both act speedily, pleasantly, and well. The patient might be kept insensible for any length of time, while the most painful and prolonged operations were being performed. No disagreeable symptoms had in any case resulted from their use.—*Chem. News.*

Ohio Statistics of the Insane.

The last report of the Central Ohio Lunatic Asylum, says the *Chicago Medical Journal*, gives the occupations of all persons admitted in twenty-six years. In dividing the number of each occupation by the number of the insane it has furnished in that time, we have the following:

Speculators,	1	to	24
Artists,	1	"	58
Clergymen,	1	"	84
Students,	1	"	97
Tailors,	1	"	188
Merchants,	1	"	154
Lawyers,	1	"	169
Physicians,	1	"	184
Farmers,	1	"	195
Butchers,	1	"	215
Blacksmiths,	1	"	315
Laborers,	1	"	431

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey, will be held at New Brunswick, on the fourth Tuesday, 23d) of January, at 11 o'clock, A. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. Ab'm Coles.

History of the Society by Dr. Wm. Pierson, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

William Pierson, Recording Secretary.

Dec. 16, 1865.

MARRIED.

Budlong—Drake.—In Providence, R. I., January 11th, by Rev. C. L. Perkins, Dr. Wm. H. Budlong, of Philadelphia, and Miss Angela A. Drake, of Providence.

Bumstead—Seiwell.—In the Reformed Dutch Church of Pekin, Ill., December 25, by the Rev. U. D. Gulick, S. J. Bumstead, M. D., and Miss Sadie E. Seiwell.

Bonsteel—Eaton.—December 12th, by Rev. N. S. Lowrie, Dr. A. S. Bonsteel, of Cattaraugus county, New York, and Mrs. Emma M. Eaton, of Conneautville, Pennsylvania.

Curtis—Weeks.—Jan. 10, at Newark, N. J., at the residence of S. S. Morris, Esq., by Rev. J. Wainwright, assisted by Rev. J. C. Eccleston, D. D., Walter J. Curtis, M. D., and Sarah Twining, daughter of the late Rev. Joshua W. Weeks, of Lahave, Nova Scotia.

Happersett—Trout.—In Memphis, Tennesee, December 26, by the Rev. Dr. White, Dr. J. Grier Happersett, Brevet Major and Assistant Surgeon, U. S. Army, and Miss Emily K., daughter of Thomas Trout, Esq.

Jessup—Cobb.—At the residence of Dr. Joshua Cobb, Clarksville, Tenn., on the evening of December 27th, 1865, Lieutenant Huntting C. Jessup, One Hundred and First United States Colored Troops, of Montrose, Pa., and Miss Nina M. Cobb, of Clarksville, Tenn.

Whitman—Thompson.—In Ellington, Conn., Dec. 20, 1865, Dr. H. L. Whitman, of Des Moines, Iowa, and Miss Ellen Thompson, of the former place.

Woodyard—Tucker.—Dec. 25th, 1865, in Orange, Ohio, by Rev. H. C. Cheadle, Dr. T. W. Woodyard and Miss Josephine Tucker.

Wright—Nagle.—On the 11th inst., by the Rev. Dr. Bomberger, Mr. John K. Wright and Miss Mary Josephine, second daughter of Dr. G. L. Nagle, of this city.

DIED.

Blatchford.—At Troy, N. Y., on Sunday, Jan. 7, Thomas W. Blatchford, M. D., aged 71 years.

Boyden.—In Bedford, Mass., Jan. 1, Mrs. Maria J. Boyden, wife of Dr. Eben Boyden.

Buckout.—At her father's residence, Sing Sing, N. Y., Jan. 10, Cornelia A., wife of Alfred Buckout, and daughter of Adrian K. Hoffman, M. D.

Feeny.—Jan. 9, at his residence, 138 Warren st., Jersey City, Dr. Joseph Feeny, late of Staten Island, in the 53d year of his age.

Grier.—In this city, on the 7th inst., Caroline C., wife of Dr. William P. Grier.

Lyman.—In Rockford, Ill., Dec. 19th, Dr. William Lyman, of heart disease.

Macken.—At Princeton, N. J., on the 19th of December, Susan Bainbridge, aged 18 months and 19 days, youngest child of Dr. George M. and Mrs. Caroline M. Macken.

McGoffin.—On the 19th of December, in Mercer, Pennsylvania, Mrs. Amanda, wife of Dr. Beriah McGoffin, in the 49th year of her age.

Mason.—Near Kingston, New York, on the 3d inst., Elizabeth, wife of Dr. James Mason, and daughter of the late William Camm, Esq., of Philadelphia, in the 57th year of her age.

Ricketts.—On the 8th inst., David F. Ricketts, Assistant Surgeon, U. S. Navy, in the 33d year of his age.

Roche.—Jan. 7, at his residence, Mead Basin, N. J., John Hargrove Roche, aged 26 years and 6 months, son of the late Dr. M B. Roche, of New Bedford, Mass.

Rouse.—In this city, on the 11th inst., in the 35th year of his age, Joseph W. Rouse, M. D.

ANSWERS TO CORRESPONDENTS.

Visiting Lists have been sent to the following persons: Drs. F. D. P., Norristown, Pa.; I. S. C., Seargeantsville, N. J.; and a Hand-Book to Dr. P. F. B., Belvidere, N. J.

METEOROLOGY.

Jan. 1866,	1,	2,	3,	4,	5,	6,	7.
Wind	N.	N. E.	N. W.	N. W.	N. W.	N.	N.
Weather	Cl'dy, Snow.	Cl'dy, Snow.	Cl'dy.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	28°	28°	27°	22°	4°	6°	9°
At 8 A. M.	34	36	32	31	12	16	21
At 12 M.	38	34	37	33	18	23	21
At 3 P. M.	38	34	36	29	20	24	16
Mean	34.50	33.	33.	28.75	13.50	17.25	16.75
Barometer.							
At 12 M.	30.2	30.4	30.2	30.	30.4	30.3	30.7

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 465.] PHILADELPHIA, JANUARY 27, 1866. [Vol. XIV.—No. 4.

Original Department.

Communications.

LITHOTOMIA MEDIO-PERINEALIS.

By A. G. Walter, M. D.,

Of Pittsburgh, Pa.

The medio-perineal section, for the removal of stone from the bladder, has not yet received that patronage from the profession, which it more than deserves, on account of the simplicity of its execution, its general applicability, its immunity from danger, the known character of dilatability of the neck of the bladder—not yet being fully appreciated—and the rapidity of recovery of the patient.

Though the outlets of the human body, surrounded as they are by concentric muscular fibres, are closed when not called into action, they are, nevertheless, endowed with a great degree of distensibility, allowing of gradual distension to an extent hardly credible. This wise provision of nature and her ingenious foresight, in thus providing for the contingency of more ample space, whenever needed for the removal of her own products or foreign bodies, too large to pass the orifices in their natural condition, should teach the surgeon not to interfere too hastily with them by cutting instruments, but resort to gradual, patient, and persevering dilatation, which, in a majority of instances at least, can be accomplished for the successful attainment of the object. The wonderful distensibility of the neck of the uterus and vagina, of the orifice of the rectum and of the mouth, is too well known, and instances have been recorded of the passage of large stones through the neck of the bladder unaided, except by nature's own efforts. Upon these teachings of nature, medio-perineal section rests her claims of security and preëminence, feeling confident that in all cases of stone, unless they are very large and hard, the *undivided*, yet *dilatable* neck of the bladder is the proper and legitimate channel through which they should be extracted. The great depth of the perineum in the corpulent adult, as well as the high position of the bladder in children, have been urged as an objection against the method of reaching the bladder through the prostatic portion of the urethra; yet medio-perineal lithotomy contents herself—and this is her triumph—with opening the urethra alone; thus leaving the bladder intact from the touch of the knife. An unusual thick adipose tissue in the perineum may have to be traversed, before the membranous portion of the urethra is reached; yet no important structures are in danger of being wounded, however deep the wound may be. The urethra thus being opened anteriorly to the bladder, this viscus is then reached by a director, along which the index finger, as dilator, is passed. Should this be too short or too large, as in the case of children, dilatation of the neck of the bladder will be accomplished with the director, which is moved about, gently passing along the walls of the neck of the bladder, or by a small bilateral dilator. Knowing nature's own operation at delivery of the fœtus under ordinary circumstances as harmless, there can reasonably be no danger from dilatation of the neck of the bladder, if proceeded with *slowly, cautiously, and perseveringly*, provided that intervals of rest be granted from time to time, before stretching is resumed. This once accomplished, the removal of the stone by the forceps is easy; if resistance, however, is offered, dilatation may be renewed, or the forceps grasping the stone may be allowed by gentle traction to overcome it.

For not having closely enough watched nature's own efforts at relief, overlooking and misinterpreting many of her wise and bounteous teachings, the physician and surgeon of the present day cannot expect to see the motto of "*simplicity, security, and highest success*," in the treatment of medical and surgical cases, inscribed on the banner of his profession. Vast, though, as have been the improvements in medicine and surgery of late years, still it behooves the professional man to aim higher, striving assiduously and diligently to imitate nature in her efforts of cure, by the employment of the *safest* and most *speedy* means of relief.

The medio-perineal operation for stone, claiming simplicity, security, and success in every in-

stance, if properly chosen and skilfully performed, takes a prominent rank in modern surgery, and urges calmly, yet forcibly, its general adoption by the profession.

The history of the following case is but an instance of its success, obtained in a child of tender years, with a stone of unusual size for its age.

John Libis, son of Jacob L., aged two years, of Lawrenceville, Allegheny co., Pa., strong, hearty, and well-nourished, had been very ill while teething, before he attained his first year. For several months, his sleep was restless, interrupted by startings and screamings, while fever, diarrhœa, and vomiting continued with but slight intermissions. With the appearance of the incisor teeth, these troublesome symptoms subsided, but difficult and painful micturition set in soon after, continuing in an aggravated form to the present time. His calls to urinate were very frequent, both during the day and night, accompanied with agonizing pain, while only a few drops of urine would be evacuated at a time. The endeavors to empty the bladder were followed by prolapsus, and, for a year past, various means of relief were resorted to without avail by four medical advisers, who treated the case for ammonia urine and catarrh of the bladder, the last one attributing the cause of trouble to the elongated prepuce, urged circumcision, no stone in the bladder having been suspected by some or discovered by others. During the last three months, the sufferings of the little fellow have been very great. He urinates about every five minutes, only a few drops of urine being voided with excessive pain. Has had retention of urine several times, yielding to the prompt application of a hip-bath.

Such being the condition of the child, we were fortunate to discover a calculus of unusual dimensions on the first introduction of the sound into the bladder. A laxative having been ordered previously, with a few grains of Dover's powder and hip-bath at bed-time, on Nov. 15th, 1865, the membranous portion of the urethra was incised, one quarter inch in front of the anus, by piercing the perineum upon the staff in the bladder, a wound three-fourths of an inch long being made in the raphé, while the index-finger of the left hand, introduced into the anus, guarded the rectum from the point of the knife. Patient being under the influence of sulphuric ether, administered by Dr. C. Betzel, a common director was now passed from the wound into the gutter of the staff, which had been held rectangularly hooked under the os pubis, and along it into the bladder, while the staff was removed. With the director gentle and persevering dilatation of the neck of the bladder was made, by pressing all around its circumference. A polypus-forceps was next slid along the director into the bladder, and the latter withdrawn; the stone was caught and easily removed by gentle traction and lateral motion. It measured one inch in its long diameter and three-quarters in the short one, by two inches circumference in its long axis and two and one-half inches in its short one; it is very rough and heavy, of the mulberry species, almond-shaped, and of lithic acid composition. There was very little bleeding during the urethral incision, but free oozing of blood from the interior of the bladder, whose muscular coat felt very much hypertrophied. A few grains of Dover's powder were given and demulcent drinks ordered. Some febrile reaction in the evening was observed, urine mixed with blood passing freely by the perineal wound. Flannel, wrung out in hot hop-water, was laid over abdomen and bladder.

On the next day, febrile excitement continued, with quick pulse, great thirst, flushed face, and hurried respiration. Swelling and tension of the scrotum, due to effusion of blood into its areolar tissue, was present, which was relieved by free incisions, the extravasated blood thus being allowed to drain off, a flaxseed meal poultice covering the scrotum; the urine passing freely by the cut. Half a drop of Norwood's tincture of veratri was administered every three hours, with two grains of Dover's powder at bed-time. On the day following, the febrile symptoms abated, patient being cheerful and playful; rested well at night, functions normal, urine still passing by the wound, scrotum contracting and incisions suppurating. From this time the case progressed favorably, the urine passed by its natural outlet on the ninth day, the perineal wound being closed on the fourteenth day. He urinates now in a full stream without pain; some dribbling of urine, however, continued for some days longer, owing to the relaxed condition of the neck of the bladder. The orifice of the urethra is chafed, the urine still being highly acid, five drops of liquor potassæ with ten drops of tincture of hyoscigam. in gruel-water, were given, with benefit, three times a day. The little patient at present passes his urine less frequently, without pain and dribbling, enjoys natural rest and appetite, and bids fair to make a speedy recovery; time only being needed for restoring the irritated mucous membrane of the bladder to its natural condition.

Hospital Reports.

Philadelphia Hospital,
December 2, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Rheumatism.

Patrick W., æt. 45, has been suffering from the quotidian form of intermittent fever during the last four weeks. Five days after admission, the chills abated, but he was immediately attacked by acute rheumatism of the left shoulder, from which he is now suffering. You remember, gentlemen, that I have, on one or two occasions, remarked the difference between rheumatism, gout, and neuralgia. In rheumatism, we find uric acid in the blood, while in gout there is urate of soda. These affections, differing, as they do, have characteristics sufficiently similar to mark them as second-cousins. They are all attended by violent agony in certain parts of the body—pain so excruciating that words fail to convey an idea of its intensity.

Rheumatism, as you are aware, is produced by a variety of causes. The Englishman, with his roast beef and ale, suffers agony in the form of gout. But here is a patient suffering from rheumatism evidently brought on by this peculiar miasmatic influence. He comes to us from Manayunk, on the Schuylkill, a district of country where intermittent fever prevails. You observe the sallow complexion and wan countenance almost pathognomonic of this disease. We shall, in this case, use sulphate of cinchonia liberally, with some preparation of iron, and a good liberal diet. People will tell you that they cannot take quinia—"It affects my head, and only increases the pain." But now we have a choice of remedies. During the last three months, our experiments in this house prove conclusively that sulphate of cinchonia will cure intermittent fever, while it has the advantage of not being attended by disagreeable head symptoms.

In the treatment of rheumatism in olden times, they bled freely and repeatedly. A little later, mercury was used to excess, and patients were salivated without mercy. Phosphate of ammonia had its day. A few years ago, propylamin, prepared from fish pickle and costing ten dollars an ounce, was lauded to the heavens as the great panacea in rheumatism. We tried it in this house without success. In a large majority of these cases we may use the saline treatment with the most gratifying results; but first, gentlemen, prepare your patients by a little preliminary treatment. Administer small doses of blue mass with neutral mixture at bed-time, followed in the morning by a full dose of Rochelle salts; then commence giving nitrate of potassa in drachm doses every three or four hours.

In spite of all this, your treatment may, as it were, hang fire, owing to a gouty diathesis. If this be the case, resort to the wine of the recent root of colchicum. I have discarded all other preparations as being unreliable. Even this may sometimes fail. We have used, years ago, a preparation of the black snake-root, the tinct. cumicifuga racemosa of the Pharmacopœia, in doses of from xx to xxx drops. There is a preparation called Zollicoffer's Mixture, which has obtained considerable notoriety. It is composed of iodide of potassium, wine of colchicum, tr. guaiac. and syrup of sarsaparilla, an old prescription of Dr. Jackson's. I have used it occasionally with success. While you are pursuing these various methods of treatment, it should be your great aim to make your patient as comfortable as possible. Place him in a soft warm bed, and allow no draft of air to come in contact with the inflamed part. One of the Emperor's physicians placed the most extreme importance upon this—he would always wrap his patients in flannel. Avoid those articles of diet which increase the acids. Allow white meats, good diet, well clad wrists and ankles, and they will soon begin to enjoy the delightful effect of your treatment. As a local remedy, I often blister on each side of the joint with a small blister, and dress with morphia, and then wrap the joint in woolen cloths, wrung out in hot oil and camphor.

The remarks that I have thus far made apply principally to rheumatism and gout. In neuralgia, our treatment must necessarily differ somewhat. Of late years, much has been said and written about hypodermic medication; and, gentlemen, it is a very useful method. You may have to repeat the operation over and over again. In using the small syringe, I prefer morphia to atropia. A gentleman, who had been doing business in the East Indies, came to me suffering severe neuralgic pain in one muscle. I suspected that it was some of the old difficulty, resulting from high living. The little syringe was brought out and used just at evening, and soon he sank into a quiet slumber, the first he had enjoyed in many days. The next morning, I gave him an alterative dose of podophyllin, blue mass, and ipecac. Several years have passed, but he has never had another attack.

Epilepsy.

I have an opportunity, this morning, of contrasting two cases of the same disease, differing only in the length of duration. The first, Ellen McL., æt. 18, is a fine looking, rosy-cheeked girl, who has been in the hospital about three years, afflicted by that dreadful disease, epilepsy. In her case, the paroxysms recur every three weeks, and have seemed, from the beginning, to be connected with menstruation. This other patient, Cath. H., æt. 58, was admitted to the hospital twenty-seven years ago, and during all this time she has endured very severe epileptic fits. Do you wonder at the haggard countenance and dull eye; the meaningless, almost idiotic, smile? If any class of people demand our commiseration, it is these poor unfortunates.

Epilepsy is an affection of the nervous functions without, frequently, any lesion. Its chief manifestations are sudden and complete loss of consciousness, insensibility of the pupils to light, violent contortions of the muscles, followed by a heavy half comatose sleep and dulness of intellect. There is another form of these nervous affections called catalepsy, in which the patient seems to be in a trance, during the continuance

of which the muscles retain the exact position they may happen to be placed in at the onset. This strange complaint is met with more frequently in females than males, especially those of a hysterical temperament.

Now, what is the cause of all this derangement of the natural functions? In many cases we cannot tell. In some, it may be traced to the uterus. In others, to the gastro-intestinal track, especially in children who are allowed all sorts of crude food, or are troubled with worms. Injury to the nerves by a blow or gunshot wound may cause it. Sometimes by pressure on the brain. In this house, we have trephined in two cases, with complete recovery.

Sudden fright is often followed by epilepsy, and to prove that it is not always an organic disease, I will mention a case that came under my notice many years ago. A young man was frightened by the falling of a large stone from a new building, near which he was standing. Epilepsy came on and lasted many years. It was that peculiar form spoken of by Sir Marshall Hall, in which the patient seizes his throat When he came under my care, I gave him a few simple laxative pills, and he never had another fit. It gave me such a reputation that my office was crowded with old and young, from far and near, some of recent date, and others that had existed so long that there was no intellect left, and all expecting to be cured. I was very glad when my reputation wore away. Perhaps the most prolific source of epilepsy may be found in that dreadful habit—masturbation. During the last four years, our hospitals and insane asylums have been filled with young men suffering from nervous affections brought on by this most debasing of all habits. Patients will come to your office, who are pale, weak, uncertain in their movements, half stupid, and unable to tell you the day of the month—miserable dejected creatures. Make up your minds that they are playing with their fingers. A more enervating and destructive habit cannot be imagined. It produces this miserable condition of the nervous system. Charge them with it at once, and try and make them realize the destruction they are bringing upon themselves. Should they be under your care in a hospital like this, I would advise to keep their penises constantly sore with blistering collodion; restrain their hands at night with leather muffs, and at the same time administer dulcamara, lupulin, and camphor. It will sometimes do good.

In the treatment of epilepsy, nearly every article in the materia medica has been tried with varying success. In excessive anemia, give iron; the ferro-cyanate is the best preparation. Nitrate of silver has been administered until the patient was blue; in some instances it seemed to do good. The last remedy which has been used, and I must confess that I am pleased with it, is bromide of ammonium. Try it thoroughly, gentlemen, and if you can, by this or any other remedy, be the instrumental agent of curing even one patient, you will receive the benedictions of his friends, and, better still, will have the secret consciousness of having done something to relieve suffering humanity.

University Medical College,
New York, Dec. 20th, 1865.

Medical Clinic of Prof. A. L. Loomis.

Reported by S. Hendrickson.

Phthisis Pulmonalis consequent upon Pleurisy.

John M., æt. 24 years, machinist. This patient was perfectly well up to one year ago. There is no hereditary disease in his family, and he has never had syphilis. About a year ago, he says that he was exposed to cold and dampness, at which time he was seized with a pain in his right side, and with difficulty of breathing. This attack was preceded by a chill. He had, at that time, neither cough nor expectoration. He was confined to his bed for two weeks. He now has a cough, which has lasted about two months, and is attended with a thick yellow expectoration. The pain in his side is constant, but not confined to one locality. He lost flesh at the time of his first sickness, which he has not regained. Thinks that he has also been losing strength. He has had some hoarseness for the past two weeks. Has no night sweats.

This patient, gentlemen, as we look in his face, presents a delicate appearance, but not strongly indicative of disease. His tongue is normal. His pulse is feeble, and rather excited, beating 100 per minute. The temperature of the skin is normal, except the hands, which are cold, and the capillary circulation in them is imperfect. As we look at his body we see that he is emaciated, and the muscles are soft and flabby. The apex-beat of the heart is visible, and in its normal position. Observing his respiration, you notice that there is very little expansion of the chest—it is an upward and downward movement. The vocal fremitus in the infra-clavicular region is about equal on the two sides. There is marked dulness, or higher pitched percussion-sound on the right side, than on the left. By auscultation, I find, on the left side, the inspiratory sound exaggerated, and the expiratory sound prolonged, but both of low pitch. On the right side, the inspiration and expiration sounds are both high pitched; respiration almost rude. Examining posteriorly, I get dulness, on percussion, in the right infra-scapular region. By auscultation, I get a healthy, breezy respiration in the left infra-scapular region, while no distinct inspiration, or expiration, can be heard in the right infra-scapular region. In the right supra-scapular region there is almost bronchial breathing, more marked than in front.

This patient then, gentlemen, a year ago, probably, had pleurisy, which has left some thickening of the pleura. Most probably the pleurisy was the exciting cause of his tuberculosis, the blood being already in a tuberculous condition.

The prognosis in this class of cases is not as unfavorable as you might suppose. These patients who have tuberculosis developed after pleurisy, often live a long time, and seem to get along very comfortably. So, this man's chances are pretty fair, unless tubercular laryngitis should spring up, in which case this complication will

add much to his discomfort, and tend to shorten his life.

Treatment.—We will prescribe for this man, fresh air, good diet, together with cod liver oil, iron, and stimulants—as from his own statement stimulants seem to benefit him. In the administration of stimulants, you are always, of course, to be cautious, and governed by their effect upon the patient.

Epileptiform Attacks from Sun-stroke.

Lawrence C , æt. 45 years, was formerly very healthy, and never had had anything like an epileptic convulsion, until the latter part of last August. Has been subject to occasional attacks of epistaxis, which were difficult to restrain. He has never been an intemperate man.

The patient's friend states, that one day in the latter part of August last, while at work in the hot sun, he seemed to be over-exhausted, and went home, where he had been only a few moments, when he fell prostrate, was seized with convulsions, and frothed at the mouth. Since that time he has had two similar attacks, the last occurring on Thanksgiving day. During each attack the patient lost his consciousness completely for fifteen or twenty minutes, and afterward fell into a sleep, which lasted six or seven hours. The patient complains that his reasoning powers and memory are much impaired. He has no loss of power in any of his limbs, nor any impairment of the senses.

This man, gentlemen, you observe, is of plethoric habit, that he is hyperæmic. His pulse is natural in force and frequency, pupils act to light, and dilate equally—temperature of his skin is normal. There is no cardiac disease.

The epileptiform attacks, hence, which this patient has had, must be attributed to sun-stroke. And here is one of the most interesting, and, at the same time, one of the most difficult fields of study. But of the pathology and symptoms of sun-stroke I shall have something to say at a future time.

Treatment.—In this case depletion is recommended by means of wet cups to the back of the neck; attention must be paid to the state of the patient's bowels, and I should be inclined to try the internal use of the bromide of potassium, from which I have seen good results in a similar case.

Jan. 8th, 1866.

Obstetrical Clinic of Prof. Chas. A. Budd.

Reported by S. Hendrickson.

Chronic Metritis.

Mrs. D., æt. 36 years. The history of this case is as follows. The patient is the mother of two children, the youngest of whom is 16 years old. Since the birth of her last child she has been suffering from symptoms which are referable to the reproductive apparatus. She first came under my observation about four years ago, at which time she had enormous hypertrophy of the cervix uteri, with induration and ulceration, and she was also suffering from chronic metritis. The ulceration, as well as the induration, yielded after several months of treatment, but the metritis remained in status quo. As I have remarked on former occasions, there is no disease coming within our province, which is so rebellious to treatment as chronic metritis. Here is an organ in a state of chronic inflammation, and you commence your treatment by topical and by constitutional means. Now, every month this organ is the seat of a physiological congestion, and during the continuance of that period you are not only prevented from applying your remedies, but the existing difficulty is increased.

With reference to the precise nature of chronic inflammation of the uterus, we find the tissue of the organ extremely sensitive, including its neck, even if there be no induration, engorgement, nor ulceration present. We may, in addition to the inflammation of the uterine tissue itself, also have the cellular tissue surrounding that organ and its appendages involved, and quite frequently we have attending the inflammation of the body of the uterus, an endo-metritis, or inflammation of the internal or mucous lining of the womb.

Chronic inflammation of the body of the uterus is not unfrequently the result of inflammation of the neck. Inflammation of the cervix, if it be allowed to go on without treatment, will often extend from the circular fibres of the neck to the body of the uterus, through the longitudinal fibres of the body, which, on the posterior surface of the organ, are prolonged into the circular fibres.

It is seldom that we can radically cure chronic metritis. Patients with this trouble generally go on receiving only palliation from any treatment until the time of their climacteric, when the chronic metritis, as a general rule, takes care of itself. This patient has been leeched, scarified and cauterized, and has been subjected to various modes of constitutional treatment by different practitioners, but only with the effect of producing temporary relief.

Digital examination. I find the uterus in normal position; the neck is not hypertrophied or indurated. When I make pressure in the posterior vaginal cul-de-sac against the body of the uterus, the patient shrinks.

Speculum examination. The os, which was originally quite patulous, is now very diminutive, which is partly the result of antecedent inflammation and of the local treatment to which the patient has been subjected. I will not remove all the secretion. It will prove what I have told you, viz., that we frequently have in these cases endo-metritis. The tenacious albuminous fluid which you see issuing from the os is evidence that it exists in the present instance.

A diminutive os, like the one you observe in this patient, is often congenital, and it is then proper to perform the operation of dividing it by double incisions, but it would be manifestly improper in this case, as it would inevitably increase the amount of metritis, and might even give rise to metro-peritonitis. Sometimes even the introduction of the sound under these circumstances will produce the same result. On ac-

count of these accidents, the sound has often been condemned, but very unjustly; for it is not proper to condemn an instrument because it produces injurious effects when used injudiciously.

As to the internal uterine medication I wish to say a few words in this connection. It was formerly very common to inject the cavity of the uterus with various medicated solutions, until it was found that not unfrequently they were followed by acute pain, and sometimes even by an attack of acute metritis. As to the cause of these effects, it has been supposed by some that they are due to a drop or two of the fluid entering and passing through the Fallopian tubes; by others the cause is made to depend upon an irritation of the mucous membrane lining the cavity of the womb, produced by the medicinal substances in solution. But I have seen strong solutions of nitrate of silver and sulphate of zinc used, and also weak solutions, and I have used simple water; and I have seen as severe consequences from the simple water as from the medicated solutions. Now, what is the cause of the severe pain following fluid injections into the cavity of the uterus? I think that this is the explanation. A few drops, which do not flow out, act as a foreign body and give rise to miniature contractions on the part of the uterus to expel it. The uterus not being in a condition to undergo these contractions, they give rise to metritis. If you dilate the uterus by means of a sponge tent, you can inject any amount of fluid and yet have no such results, because there is an easy escape for all of the fluid. So where, from any cause, it becomes necessary to use injections, we use sponge tents to first dilate the neck and body of the uterus. As another proof, we can introduce more solid materials, such as ointments, into the cavity of the uterus with impunity. The uterus bears solids better than liquids. The former do not seem to excite the uterus to take on miniature labors.

I have been in the habit of making fluid applications by means of a whalebone probe, around the end of which has been wrapped a little cotton. Then I dip the cotton into the solution to be used, and, having squeezed out the excess of liquid, I then apply it, and I have seen no bad consequences to follow from this plan.

Incipient Prolapsus Uteri, with Ulceration of Cervix.

Mary V., æt. 35 years, single. Patient has been sick two years. She complains of a pain in the back, and also low down in the hypogastrium, with a burning pain, "like a coal of fire," on the top of the head. She was 13 years old when she first menstruated, remained perfectly regular in her periods for some years, and menstruation was not accompanied with pain. Latterly, she has suffered severe pain at the time of menstruation, which comes on before she is unwell and continues throughout that period. She sometimes passes clots. She is not regular in her menses at present; is troubled with leucorrhœa, which stains and stiffens her linen. Her general health is affected, her appetite poor, and she has lost flesh. Her bowels are irregular; sometimes she is very costive, at other times she is troubled with diarrhœa. She complains of dysuria, and also of incontinence of urine.

Now, gentlemen, what is the duty of a medical practitioner in a case like this? This woman is unmarried, and she comes to us complaining of symptoms which point us unmistakably to the reproductive apparatus as the seat of the difficulty. Should we be doing our duty if we were to attempt to relieve a case of this kind by the internal administration of drugs? Surely, I think we would not, in a clear case like the present, be justified in going thus blindly to work. Therefore, I insist upon it, that in a case as clear as this one, it is the duty of the medical man to examine the exact seat and nature of the difficulty.

On examination, I find that the uterus is low down; it is in a state of incipient prolapsus. There is also a distinct ulceration of the cervix, resulting from attrition, what may be termed a traumatic ulceration. The cervix, too, is congested, which congestion was the primary cause of the prolapsus.

In this case, we will deplete the cervix by scarification, and we shall find that as the congestion gives way, the uterus will tend gradually to return to its normal position, and probably also the ulceration will heal of itself.

Editorial Department.

Periscope.

On the Relation between the Weight and Length of the New-Born and the Age of the Mother.

Dr. Mathew Duncan recently communicated the results of his investigations in the *Edinburgh Medical Journal*. His observations extended over 2070 new-born in the Edinburgh Lying-in Hospital. In regard to the relation between the weight of the child and the age of the mother, he comes to the interesting conclusion that the average weight of the mature child gradually increases with the age of the mother up to the 25th year; from 25 to 29 years, it is largest, and from the 30th year, it gradually diminishes. The average weight of the new-born of mothers between the 15th and 19th year was a little over 6 pounds, 15 ounces, increased for those of mothers between 25 and 30 years, to 7 pounds 6½ ounces, decreasing from the 45th to the 49th year to an average of 6 pounds, 14 ounces. First or repeated pregnancies appear to exert no influence upon the weight of the child. The relative length of the new-born appears to follow the same law. In mothers from the age of 15 to 19 years, average 19.007 inches; between 25 and 29 years, 19.355 inches; between 45 and 49 years, 18.166 inches. According to the author, these observations confirm the doctrine that the reproductive power of the female increases up to 25 years, and then gradually diminishes.

EIGHTEEN CASES OF GUN-SHOT WOUNDS OF THE HEAD.

Prof. J. L. CABELL, University of Virginia, publishes in the *Virginia Medical Journal* the details of eighteen cases of gun-shot wounds of the head, of which we give a tabulated analysis:

No.	AGE.	REGION OF WOUND.	CHARACTER OF WOUND.	SYMPTOMS.	TREATMENT, ETC.	RESULT.
1	37	Left temple, junction of temporal with parietal bone.	Fracture and depression of scull.	No paralysis, no mental aberration.	*Trephine.* Removal of fragments.	Slight erysipelas. *Recovery;* affected by heat of sun.
2	23	L. near parital protuberance.	Fracture—inner table more extensively than outer.	Slight paraiysis (right.) Mind unaffected.	*Trephine.* Removal of several fragments.	Erysipelas 10 days after operation. *Recovery.*
3	22	L. zygoma (¾ of an inch above.) Directly over middle meningeal artery.	Fracture.	Not mentioned.	Removal of 13 pieces of bone with forceps (1 week after injury,) fragments having pressed on dura mater.	Erysipelas. *Recovery.*
4	18	Parietal protuberance.	Slight depression in bone.	Opposite side paralyzed.	No operation.	Slight improvement after two months.
5	19	Forehead—median line near anterior fontanelle.	Not stated.	Not stated.	*Trephine,* (2 weeks after injury.) Abnormal deviation of longitudinal sinus to the right, which was exposed.	One week after operation, severe chills, fever; double pneumonia and pyæmia. *Death* 16 days after operation from *rupture* of longitudinal sinus and profuse hæmorrhage, during fit of coughing. *P. M.* ulceration of coats of sinus, small spiculæ of bone resting on them.
6	30	R. temporal region.	Fracture and depression.	Not stated.	Removal of fragments (1 week after injury.)	Perfect *Recovery* in six weeks.
7	26	R. forehead at and below root of hair.	Extensive fracture and depression near temporal ridge.	No paralysis, little pain.	Operation (3½ weeks after injury); bone denuded; removal of large fragment of depressed bone by HEY'S saw.	*Recovery*—large and depressed cicatrix.
8	27	L. superior parietal.	Fracture of both tables, depression.	Paralysis right; mind clear.	Operation (26 days after injury), all fragments removed.	Paralysis entirely gone ten days after operation. Rapid improvement; furloughed. *Entire recovery* probable.
9	24	Occipital protuberance, (2 inches above and to left.)	Bone denuded, slightly fractured, no depression.	Doing well for 3 or 4 days, then restless, no fever, soon delirious. One week after injury coma, facial, and afterward general spasms.	None.	*Death. Autopsy:* External table slightly fractured, internal also for space of an inch. An ounce of extravasated blood between skull and dura mater, and a like quantity between the latter and brain. Brain disorganized to depth of ¾ of an inch and two square inches.
10	26	Above right ear (4 inches.)	Fracture of skull.	Paralysis left extremities. Tongue straight. Temperature left, lowered Cerebral matter oozing from wound. Rational.	Y incision;—removal of minnie ball, base of which ½ of inch below level of internal table, and of piece of skull 1 inch² in diameter, and smaller one. Arterial hæmorrhage from bottom of wound, ceasing in 15 minutes—ferri persulph. (3 days after injury.)	Slept well after operation; (sol. morphiæ.) Next day no morph.—slept badly; appetite good; no stool; large piece of bone discharged from wound; left arm and leg feel asleep; tongue moist and clean; no hæmorrhage from wound. 3d day after operation, Insatiable thirst, then convulsions; vomiting, coma, hæmorrhage from wound; passes urine involuntarily; right arm forcibly flexed. *Death;* no autopsy.
11		Forehead, 2 inches above centre of left eye.	Fractnre.	No paralysis, mind clear.	Several fragments of bone removed, (several days after injury.)	*Recovery.*
12		Forehead, above right eye.	Fracture about middle of supra-orbital arch, extending upward along frontal bone, and backward along orbital plate.	Not stated.	Fragments removed, including portions of orbital plate, (several days after injury.)	No bad symptoms. *Recovery.*
13		Forehead, outer extremity left frontal sinus.	Fracture of considerable extent.	Not stated.	Outer wall of sinus removed; inner found uninjured, (several days after injury.)	*Recovery.*
14		Forehead, to left of median line, midway between eye and root of hair.	Indentation of bone, no perceptible fracture. Periosteum gone to extent of a square inch.	Not stated.	None.	Man is at home, not recovered, suffering constantly with intense pain in his head, regretting that he was not operated on.
15	55	Left side, midway between mastoid process and vertex.	Fracture; single piece of bone driven in upon dura mater about ½ an inch in diameter, irregular in shape.	Delirium, coma.	None.	*Death.* Lived 6 days after injury.

[Continued on next page.]

EIGHTEEN CASES OF GUN-SHOT WOUNDS OF THE HEAD—Continued.

No.	Age.	Region of Wound.	Character of Wound.	Symptoms.	Treatment, etc.	Result.
16	30	Left side of head in front of and on level with parietal protuberance.	Fracture 2½ inches horizontally, 1 inch across. Ball remained in wound. Brain substance escaping soon after injury; probably extensive laceration of meninges.	Unconscious for 5 days. Consciousness returning, paralysis of right side.	No operation. His brother removed piece of bone day after injury. 3 months later ball removed and another fragment; at intervals smaller pieces.	Paralysis slowly improving. Difficulty of speech, forgetfulness, inability to connect words in reading. Large cicatrized surface, covering a depression, beneath which, when the head is bent forward, the pulsation of the brain can be seen and felt.
17	25	Forehead, at root of hair, right side, near median line.	Fracture.	Unconscious for a short time: for several days occasionally delirious. No paralysis.	10 days afterward operation and removal of fragments of bone.	*Recovery.* Depressed cicatrix, —occasionally severe headache.
18	28	Left parietal protuberance, four inches above ear.	Fracture.	Insensible for several days; partial paralysis of right side.	4 days after injury, removal of ball and pieces of bone.	Wound healing, paralysis improving. *Probable recovery.*

Prof. Cabell states that these cases were drawn up by Surgeon Allen, from notes furnished by the different operators, and remarks that they exhibit results differing remarkably from those announced by Dr. McLeod in his "Notes on the Surgery of the Crimean War," both as to the mortality of cases of gun-shot fracture of the cranium, and as to the danger incident to the use of the trephine. There were but two cases of actual perforation of the skull by the ball, and one of these (16) recovered with a gradually improving hemiplegia. As to a comminuted fracture, without actual perforation by the ball, it seems that even under moderately favorable circumstances of public military hospitals, gravity of prognosis is an exceptional phenomenon.

The Curable Stage of Cholera.

M. Jules Guérin read a paper at a recent meeting of the French Academy of Sciences, from which we quote the following:

"Before," says M. Guérin, "the epidemic of cholera which ravaged Europe in 1832, it was generally admitted that this terrible scourge attacked its victims in the most sudden manner, and struck them down with a degree of violence that was only comparable to the effects of a lightning-stroke. All the writings of this period take up this view of the disease. Meanwhile, at the commencement of the epidemic of 1832, I perceived that it was quite otherwise. About a week after the appearance of the disease I wrote in the following terms to the *Gazette Médicale:* 'Most of the patients attacked with cholera have been for several days, or even weeks, laboring under a disturbed condition of the digestive organs, which did not appear sufficiently serious to them to deserve careful attention; such even has been their carelessness on this point, that we have often been obliged to question them very closely in order to elicit information from them. It is only after having been asked three or four times whether they have had diarrhœa that they give a satisfactory reply. From this we conclude, (1) That in many cases where this diarrhœa has not been noted there is reason to suspect carelessness in observation on the part of the patient. (2) That this diarrhœa, the precursor of cholera, should receive the careful attention of medical men, parents, and even of the authorities, who should recommend to the poorer classes—and publish the recommendations by all the means at their disposal—to pay proper attention to this state of the digestive system, and should make known to them the fatal consequences of neglecting to treat the diarrhœal attack.' This opinion, which had its origin in facts, was developed and confirmed by them. In proportion as the patients crowded into the wards of the Hôtel Dieu, where I especially carried on my observations, my conviction became more and more strengthened. Out of 600 patients questioned in the most careful manner, 540 had shown symptoms of *cholerine* (premonitory diarrhœa) before their entry into the hospital. From this I concluded, on the 12th of April:

(1) "That cholera is always preceded and announced by a series of symptoms, to which—with a desire to caution the public—I have given the name of cholerine.

(2) "That cholerine is the first stage of cholera.

(3) "That cholera, properly so called, is only an advanced stage of a disease which has hitherto been unknown in its first or premonitory period.

(4) "*That it is always possible to arrest the development of the mortal stage of cholera by attacking the disease in its curable one.*

"The existence of a prodromic or premonitory period in cholera is certain. This truth was accepted and admitted at the period of its announcement by the majority of physicians. The exceptions have hardly an existence, and are more apparent than real, being due to the absence of powers of careful observation on the part of the patients.

"Since 1832 there have been at short intervals three new epidemics of cholera. Moreover, this dreadful malady has spread during the same period, or successively, over the various countries of Europe and Asia. Has it in every instance conformed to the laws of its first evolution? Has the prodromic or premonitory period always preceded the mortal stage of this disease? It is of the highest importance that the reply to these questions should be in the affirmative. For if this view—regarded in its origin as one of the conquests of science and a benefit to humanity—receives from all recorded observation the

character of an unimpeachable truth, it is essential that it be published in all populations and countries, as affording a sheet-anchor (*une ancre de salut*) in the perils which menace human beings. Now, having been requested by the Academy of Medicine to superintend the general report upon the epidemics of cholera, I have been placed in possession of all the scientific documents, home and foreign, relating to the subject. The result of an examination of these I have the honor to communicate to the Academy. Commencing with England, we find the following remarks in the report of the 'General Board of Health,' published in 1850: 'Whatever doubts there may have been during the epidemic of 1832 as to the existence of prodromic symptoms (diarrhœa), the experience of the last epidemic solves the question completely. In one case where the first symptoms were minutely inquired into, it was found that of 500 patients almost all, without exception, had been previously attacked by choleraic diarrhœa, of ten or twelve days' duration. Dr. Burrows states that the replies of the patients showed that the 'rice-water' discharge of cholera was always preceded by others of a different, though unhealthy, character. Dr. M'Loughlin states: 'I believe I am correct in concluding, that *of* 3,902 *cases of cholera, I have not found one without prodromic diarrhœa.*'"*

"In France there are the same confirmations as in England. M. M. Lévy found that of 142 patients (at the Hospital of Val-de-Grâce,) there were only six without prodromic symptoms. In 95 cases the diarrhœa had lasted for two, three, four, and even a greater number of days. A general inquiry, instituted by the 'Comité Consulatif d'Hygiène,' during the epidemic of 1853, gives the following as part of its report:

"'From the first of November, 1853, to the 22d of January, 1854, of 974 choleraic patients admitted to the hospitals of the capital, 740 had been attacked with premonitory diarrhœa, the others appeared exempt, or were unable to give exact evidence.' To these authentic statements I may add those which have been made by the different departments of France in reply to the questions of the authorities. Almost all the local physicians answer that cholera commences in the great majority of cases by diarrhœa and other premonitory symptoms. The cases of sudden cholera, if they really exist, do not exceed 5 or 6 per cent."

Successful Removal of the Uterus—Ovariotomy.

Dr. John Green, the Secretary of the Suffolk (Boston) District Medical Society, gives in its extracts, published in the *Boston Med. Journal*, a case reported by Dr. Storer, of which we give a synopsis:

Woman, æt. 47 years, with large abdominal tumor, which, from localized fluctuations, might have been supposed to be a multilocular ovarian cyst, had it not been for peculiarly solid tumors in the right iliac region. Disease of five years standing.

Operation Sept. 23d. Incision five and a half inches in length; an elastic tumor presented itself, with strong adhesions, to the mesentery on the right, to the peritoneum on the left. On freeing this tumor from its adhesions, and lifting it up from its bed, a second growth was found occupying nearly the whole pelvic cavity, and connected with the first by a slender pedicle. The second tumor was removed by constricting its neck with the chain of the écraseur; it proved to be the uterus, and was cut off through the cervix. About ten ligatures of wire were used in securing the bleeding vessels, and the wire allowed to fall back and remain in the abdominal cavity. The pelvic cavity was freely exposed to the air for an hour before the oozing ceased. The external wound was closed by five sutures of wire. The patient was kept etherized during three hours. No special attention was paid to the temperature of the room. The weight of the masses removed was thirty-seven pounds. The tumors, on careful dissection, were found to present an instance of the rare fibro-cystic disease of the uterus, so called.

External wound united by first intention. No suppuration occurred.

Oct. 28th. Patient has steadily convalesced, without a single bad symptom; has been upon her feet for some days, and intends to leave for home to-morrow. Thirty-fifth day from the operation.

Nov. 28th. Reported as "perfectly well."

Prevention of Epidemic Cholera.

Dr. S. S. Salisbury, of Tolono, Illinois, gives his view on the prevention of epidemic cholera in an article published in the *Chicago Medical Journal*. Persons, he says, whose excreting organs, and particularly the kidneys, are impaired, which interferes with the proper performance of their function, are more susceptible to the influence of poisons, and this class are more easily affected by cholera and all epidemic and infectious diseases. While on the other hand, those whose excretary organs are in active operation, more effectually resist the action of these poisons, and this class of diseases. There are some articles, dietetic and medicinal, he claims, which have been observed, to a certain extent, to be preventives of epidemic cholera, such as cider and certain classes of ripe fruits and vegetables. During the last epidemic in a small town in Kentucky, nine young men employed themselves in nursing the sick and burying the dead; it was a season when melons were abundant, of which these young men all ate freely the whole time; none of them suffered with any symptom of the disease, although a large proportion of the inhabitants were attacked. The waters of some of the sulphur springs, among these the spring at Delaware, Ohio, and some of the sulphur springs of Kentucky, have attained celebrity among the people living in their vicinity, for the prevention of cholera. Dr. Salisbury draws the general conclusion that as all these articles are diuretic, producing at least free action of the kidneys, the use of mild diluent diuretics, which are neither emetic nor cathartic, might during an epidemic season prevent or mitigate the disease.

* Report of the General Board of Health on the Epidemic Cholera of 1848–49.

Two Cases of Morbus Addisonii.

Two cases of *Addison's Disease* are mentioned in recent journals, with accounts of autopsies. The *first case* is related by Dr. John Hughes, in the *Dublin Medical Press*. The patient was a man, 45 years of age. The smoky brown, or bronze color of the skin was exceedingly well marked on the face, neck, hands, chest, also in the axilla, in the epigastric region, the inguinal regions, on the scrotum, and over the knees. The only symptoms present, beside the discoloration, was excessive weakness, great muscular debility, and loss of flesh, with depression of spirits, coupled with a nervous anxiety about himself, and a pain in the abdomen, extending from the lumbar vertebræ, and encircling the abdomen, very severe, but intermittent. He had never suffered from any disease or accident confining him to his bed, but for the last eight or ten years complained of bad stomach, often unduly acid, with occasional pyrosis, this difficulty being particularly troublesome during the last two or three years. The period from the time when the discoloration of the skin first commenced, to the time of death, was about ten months. Death was preceded by rigors, intellect perfectly clear, no coma, no stertor, no convulsion.

The *second case* is related in the *Lancet* (also *Dublin Med. Press*), by Richard Holt, M. D. Patient, a bricklayer, æt. 43 years, who, with the exception of a few weeks' illness seventeen years ago, had always enjoyed good health, until March, 1865, when, without any apparent cause, beyond a slight cold, the consequence of having descended into a well, he began to experience a gradually increasing degree of lassitude, together with shooting pains in the lower extremities. At the same time his friends remarked that his complexion was getting dark. His strength, at length, utterly failed him, and he was admitted to the infirmary under Dr. Holt's charge. On June 15th, the patient on admission, in addition to loss of appetite, extreme weakness, and shooting pains in the lower extremities, complained of giddiness, sickness, and pain in the epigastrium. The discoloration of the skin of the face, hands and scrotum, was very striking; but the remainder of the body retained its natural color. The lips and lining membrane of the mouth were of the same dark color as the face, whilst the tongue presented patches of black, occupying its sides, the central portion of the organ retaining its natural appearance. No pain was experienced by percussion over the renal region, nor did any of the other organs manifest signs of disease. Pulse 86, feeble; urine healthy. Treatment: bark and ammonia, with bismuth and Dover's powder to allay the sickness, and an order for a weekly allowance of fresh meat and brandy. *August 15th*, sickness and pain in epigastrium relieved; but in all other respects the patient is infinitely worse. Prostration extreme. The slightest exertion covers him with cold perspiration. Pulse 100, so weak as to be obliterated by the slightest pressure. Dull, aching pain, referred to lumbar region, which is aggravated by straightening the back, so that he constantly keeps it bent. A slight irritating cause seems sufficient to determine a deposit of pigment to that part in preference to another, for the site of a mustard plaster formerly applied to the chest is now converted into a dark surface, presenting here and there small islets, in which the skin retains its natural color. *September 15th:* Patient, who up to this time has been able to stroll about for an hour or two in the day, is now entirely confined to bed. *October 1st:* For the last two days he has been lying in a comatose state, from which he is easily roused, but into which he again immediately subsides. Complains of no pain whatever. Pulse imperceptible. *October 4th:* Died.

Autopsies—First Case: Stomach pale and anæmic, but no organic disease or inflammatory action; spleen normal in size and structure; kidneys perfectly healthy; heart healthy in structure, and valvular apparatus perfect; lungs healthy, with the exception of some scattered miliary tubercles on the surface, just beneath the pleura, but not in the substance of the lung. *Supra-renal bodies:* Here alone structural alterations are found in the greatest degree, increase of size, and deposition of a firm, opaque lardaceous-looking substance, of a yellowish white color, something like the section of a cut parsnip.

The *left* capsule much larger than the right, as if it was in a more advanced stage of disease, but both affected by the same deposit, differing only in amount; through both very large nerves run, much larger than in the normal state.

The cheesy-looking substance, under microscopical examination by Dr. Hayden, was found to consist of imperfect cells of different sizes, nuclei, and fat molecules; no trace of fibrous tissue, fibro-plastic material, or inflammatory products in any form;—the deposit being manifestly strumous.

Second Case: No pleuritic adhesions; lungs healthy; heart of average size, firm and healthy; alimentary canal, liver, spleen, all perfectly free from disease; left kidney of normal size, upper third of its surface discolored, and somewhat softer than natural, otherwise healthy in structure. It was surmounted by a soft body about the size of a pigeon's egg, formed by the supra-renal capsule, expanded into a bag, and which, unfortunately giving way in the extraction, discharged about a tablespoonful of a thick, yellowish fluid, containing a number of fragments, resembling, both in appearance and consistence, the white of a hard-boiled egg. The right supra-renal capsule, or rather the material into which it had been transformed, was firmly adherent to the under surface of the liver, from which it could only be removed by dissection; it had not attained so complete a state of disorganization as its fellow, and presented the appearance of a scrofulous lymphatic gland proceeding to suppuration. Dr. Wilks, who examined it, could find no trace of the original supra-renal structure, but

its place was occupied by a new material of the same nature as always found in other cases.

We have placed the records of these two cases side by side, as they present very interesting features of coincidence and analogy, especially in the autopsies, although the second case seems to have been of much more *acute* a character than the first.

Diabetes Mellitus cured by Seton; treated by Sugar.

Dr. BUTTURA reports in the *Gaz. des Hôp.* a case of cure of diabetes mellitus by the simple means of a seton.

A man, 38 years of age, had been suffering from the disease, according to his statement, for ten years, being unable to work during the last two years, exceedingly debilitated, heaviness of the head, insatiable thirst, and voiding between 12—15 *litres* of urine in 24 hours, which, on examination, showed a large quantity of sugar. After eight months of unsuccessful treatment by the usual methods, Dr. BUTTURA, acting on the physiological researches of CLAUDE BERNARD, who has demonstrated by experiments that glycosuria may be produced in animals by irritating the floor of the fourth ventricle, and suspecting that some morbid process in this region of the brain was the cause of the diabetes in this instance, introduced a large seton in the nape of the neck, high up. As soon as suppuration had been fully established, the heaviness of the head diminished, and with it the quantity of sugar in the urine, while the patient began to gain strength. In three months the patient was able to work a little, and after six months no trace of sugar could be detected. For a year past the patient has been fully at work, and in spite of an illy adapted mode of living is perfectly well, urine free of sugar and of normal quantity.

In the same Journal Dr. PIORRY relates a case of diabetes treated by the administration of sugar, a plan proposed by him several years ago. Four ounces of sugar were given in two doses, during the day, with meat diet. Under this treatment marked improvement took place, the quantity of urine voided decreasing from 10 litres in 24 hours, to 2, and the quantity of sugar from 500 grammes to 125. The physiological grounds on which PIORRY bases his treatment are, that, as shown by DUMAS and BERNARD, the presence of sugar in the organism, is absolutely necessary for the functions of life. In diabetes mellitus the patients lose an immense quantity of sugar, and all our therapeutical efforts seem insufficient to prevent this loss. If diabetic patients are, in addition to this loss, robbed of the sugar or the substances from which it is formed, their condition is made worse, and hence it is better to add sugar to the other articles of diet, as an equivalent to repair this loss. Abstinence from fluids, carried as far as practicable, Dr. PIORRY considers of great importance in the treatment both of diabetes mellitus and insipidus. PIORRY observed one case in which the abstinence from fluids in a patient who voided thirty litres of non-saccharine urine per day, resulted in diminishing the quantity to one litre. In his remarks the author does not claim to have exhausted the therapeutics of diabetes, his object being only to call attention to a valuable observation.

Perineal Obstruction to Labor. Delivery by Incisions into the Vulva.

In the British Lying-in Hospital a case occurred, which is related by the *Dublin Medical Press*. A woman, 40 years of age, eleventh labor. First seen by Dr. MURRAY during the expulsive pains of the second stage of labor; head of the child forcing against the perineum, which was still thick and firm; posterior fontanelle could be seen and felt at the vaginal orifice. Patient had undergone an operation for laceration of the perineum some nine or ten months previously, which proved rather too successful for her present condition, as the vaginal outlet was so small that it would hardly admit the introduction of three fingers.

Dr. MURRAY finding it impossible for the hand to enter the small orifice it had to pass through, decided to incise the vulva on either side, rather than meddle with the perineum. Accordingly, with a director and blunt-pointed bistoury, the labia were divided at their lower third, in a downward and outward direction, to the extent of an inch on either side. The fœtal head, which was prevented from pressing forward during the operation, now immediately passed between the vulvæ, and the child was born living. The mended perineum remained intact, but the right labium tore for about an inch beyond the termination of the incision made. To this tear two sutures were applied, but the cut surfaces were left unstitched.

Notwithstanding the considerable distension, contraction and shrinking gradually took place, and when last examined, with the exception of a slight scar on each labium, the parts were in as sound and good condition as before the labor.

Manual Procedure in Breech and Foot Presentations.

Dr. FLUCK, in *Korresp. Nass. Aerzte.* (*Mediz. Neuigkeiten*) describes a manual procedure by which the retained head of the child, in cases of breech and foot presentations, may be extracted easily and without injury to mother and child, and which he has resorted to successfully in seven cases. The manipulation consists in grasping the impacted head from without, through the abdominal parietes, by turning it around its longitudinal axis, placing it in the oblique diameter, and then forcing it as deep as possible into the true pelvis. He resorted to this method in the following cases successfully:

1. In a case, where, the conjugata measuring $3\frac{1}{4}$—$3\frac{3}{4}$ inches, he had previously made version, but the head became impacted between symphisis and promontorium.

2. In a case of version on account of arm presentation, in which the head, with the lower

maxilla, became fixed upon the right horizontal ramus of the pubis.

3. In a case of narrow pelvis, in which the cord prolapsed and the knee presented. After having disengaged the feet and the left arm, (the right arm could not be brought down,) the head, grasped through the abdominal parietes, was forced into the lateral excavation of the small pelvis, when extraction was easily performed.

4. In a woman (eighth confinement) with strongly narrowed pelvis, the head, after version, (dorsal presentation,) could not be delivered by the ordinary manual procedure. Pressure in the above-described manner brought it so deep into the true pelvis that it could be extracted with little difficulty.

5. In a woman, (fifth child.) Abnormal presentation changed by version, before rupture of the membranes, into breech presentation. After the birth of the trunk, the head remained high up, with the occiput resting upon the right horizontal ramus, and it was impossible to reach the supra-maxillary region with the index and middle fingers. The head was grasped from above, through the abdominal parietes, easily forced into the small pelvis, and delivered.

6. Woman, (third child.) Version on account of left shoulder presentation—head remaining, it was pressed, as above, into the true pelvis, and a living child delivered.

7. Foot presentation. Occiput impacted on the symphisis, was grasped from without, turned to the right, pressed down into the sweep of the sacrum, and extracted without difficulty.

Elephantiasis of the Scrotum.

Dr. David Mack, Jr., Assistant Surgeon, U. S. N., in a letter to the *Boston Medical and Surgical Journal*, gives an account of a case of elephantiasis scroti, occurring in a Makah Indian, 50 years of age. The affection consists of an enormous tumor of the scrotum, pyriform in shape, depending from, or somewhat above the pubes, extending down rather more than half way from the knees to the ankles, being about as broad as the patient is at the hips. The color is like that of the rest of the body, except where some thin scaly scabs cover superficial ulcerations at its lower part. The skin, especially near its neck, is drawn very tense, adherent to the rest of the tumor, and has few, though large and well-marked hair-follicles. To the feel it is elastic; in its lower half seeming to have elastic bands, between which a semi fluctuating substance, resembling a fat abdomen on percussion. The posterior surface has impressions of the legs. There is no appearance of a penis, nor of any aperture in front of the pedicle, which is quite tense and smooth. Some three years ago, however, a penis could be seen, though very short. Since then the tumor has gradually increased. Its weight close up to 50 pounds, and measurement quite four feet in circumference. The patient walks about awkwardly and slowly, and fishes considerably in his canoe. He states that he has had this trouble for 24 years, and attributes it to having met a bear in the woods. Nothing could be learned as to the manner of origin or symptoms. No other case of the kind is known in these regions.

Milk Diet in Bright's Disease.

In the clinic of Prof. Niemeyer, of Tübingen, according to the *Berliner Klinische Wochenschrift* (*Mediz. Nenigkeiten*) five cases of Bright's dropsy were treated by strict milk diet. The patients received daily 3, 4, 5, to 6 pints of milk, boiled and unboiled, besides this only two eggs and one half pound of bread. In addition diaphoresis was resorted to, according to Liebermeister's method, which consists in placing the patient in a warm bath of 36° C., increasing the temperature gradually by the addition of hot water, up to 40° C., and enveloping the patient immediately after the bath in double woollen blankets. No other medication was used except mild laxatives in cases of protracted constipation. The result was highly favorable. In all cases, one excepted, marked improvement took place; in one case apparently complete recovery. In one case, the most striking, the condition of the patient before placing him under this treatment was so bad, that a fatal termination seemed certain, anasarca, ascites, and hydrothorax had reached their highest point, the quantity of urine was reduced to a minimum. Liebermeister's diaphoretic method and other medication had been resorted to without benefit. On the second day of the milk diet the patient noticed after the bath that he perspired more freely and voided more urine. After five weeks he was up, threshing and working about the farm like a well man; the urine, however, still showed albumen.

The case of apparently complete cure, was that of a man, 52 years old, the disease of four weeks' duration; urine bloody, general œdema, hydrothorax and hydropericardium present; after four weeks of milk diet and diaphoresis, all hydropsical swellings and the albuminous condition of the urine had disappeared.

It is impossible at present to give an exact physiological explanation of the action of the "milk-cure;" it is probable, however, that it is due to an improvement in the nutritive functions and the tissue-metamorphosis generally.

Emphysema during Parturition.

Dr. Jules de Sayre, in the *Gaz. des Hop.*, reports a case of rupture of the lungs and consequent emphysema occurring in a parturient woman during the exertion of a violent expulsive effort. The patient was a primipara, with great rigidity of the os. The infiltration of air, as evinced by the crepitating swelling, extended over the neck. face, parotid region, to the acromion, and below the clavicles; right side more severe than on left. Respiration was free, but deglutition difficult. The emphysema disappeared without special treatment, in the course of seven days.

Reviews and Book Notices.

Forbes Winslow, M. D., &c., on Obscure Diseases of the Brain and Mind. Second American, from the third and revised English edition. Pages 600. Philadelphia: Henry C. Lea. 1866. *Price* $4.25.

Those who have enjoyed reading the fictitious "Diary of a Late Physician," written many years ago by Warren, author afterwards of "Ten Thousand a Year," may have their recollection of it revived by the perusal of this book. It is highly entertaining as well as instructive. While enriched by much scientific discussion upon the pathology and treatment of cerebral and mental affections, it is at the same time a sort of cyclopædia of *clinical anecdotes*. All possible odd things about odd people are told in it; some of them incredible without such an authority as Dr. Winslow. He is, however, one of the three or four best authorities now living, upon such topics.

In his introduction, Dr. Winslow dwells upon the often *unobserved premonitory* symptoms of brain-disease. These may go on for years. Some of those mentioned are so slight, that it would be unsafe for some *hypo's* to read this part of the book. Thus, in one paragraph, (p. 24): "An apparently unimportant knitting of the brows, a trifling sensation of numbness in some part of the body, general or local mu cular weakness, *ennui*, peevishness, an almost inappreciable depression or exaltation of the animal spirits," etc. are mentioned as "characteristic symptoms, frequently significant of disease having commenced on the brain." No doubt they are so; but they are, fortunately, much *more* frequently, not symptoms of anything of the kind. And more striking nervous disorders, as every physician knows, are sometimes wholly functional or sympathetic. The late Dr. Pepper, of this city, told the writer that he once saw everything double for eighteen months, merely from dyspeptic disorder, affecting the visual function by sympathy.

We have space only to sketch the plan of Dr. Winslow's work. He considers, 1. Morbid phenomena of Intelligence. 2. Morbid states of Motion. 3. Morbid conditions of Sensation. 4. Morbid phenomena of the Special Senses. 5. Morbid phenomena of Sleep and Dreaming. 6. Morbid phenomena of Organic or Nutritive Life. Lastly, General Principles of Pathology, Treatment, and Prophylaxis.

In this we see no place assigned for *morbid phenomena of the Emotions or Affections*. Dr. Winslow recognizes, however, and illustrates by examples of great interest, this kind of derangement, commonly called moral (or, better, *emotional*) insanity.

In the *philosophy* of insanity, Dr. Winslow confines himself almost entirely to the statement of unanswered questions. He declines to define insanity. Late in the book (p. 415) he does define it, incidentally, as "positive alienation of mind, manifested by the presence of delusion associated with a paralysis of the controlling power of the will." This is not so good as Dr. Bucknill's (*Prize Essay* on Mental Unsoundness, etc.)—which names "false action of conception or judgment, defective power of the will, *or* uncontrollable violence of the emotions and instincts, either separately or conjointly, produced by disease," as constituting insanity.

Dr. Winslow partakes of the ordinary confusion of psychopaths and metaphysicians about the relation between the brain and the mind; quoting Sir William Hamilton, who uses the words mind and soul as synonymous; and speaking of the "psychical principle,"—the "regulative or coördinating principle,"—and even denying that insanity can ever be truly called *partial*, because the *mind* is *one*, and must be either *sane* or *insane*. This last statement, at the same time, is shown to be practically absurd, by his own clear illustrations.

We are bold enough to think that even a partial clearing up of this subject will be found possible only in one way; namely, by asserting for man, as an immortal being, a *soul*, possessed only by him among the inhabitants of this globe; also, that *mind* (or that which thinks and feels,) which man has *in common with the brutes*, is *a function*, or rather the *total of the functions, of the brain*.

Many pages might be well filled by the citation of Dr. Winslow's very remarkable cases; which count by the score or hundred. A few of the most extraordinary may be briefly quoted.

"A child up to the age of thirteen was idiotic. He fell from a height upon his head and was stunned. He rallied from unconsciousness, and was, '*Credat Judæus?*' found to be in full possession of his faculties." P. 297.

"A man suffered from a paralysis of memory, following a severe blow upon the head. He was fortunate enough (as the result established) to have a repetition of the physical injury, and, as the effect of this accident, his memory was immediately restored to its original strength. Petrarch records that Pope Clement VI. found his memory wonderfully strengthened after receiving a slight concussion of the brain."

"The insensibility of the insane is occasionally

great. A patient, some years ago, determined to commit suicide, watched his opportunity; while the attendants were out of the ward he went and deliberately laid the back of his head upon the fire, and held it there, without flinching or apparent suffering, until a large portion of the scalp was burnt away. Very extensive sloughing and exfoliation of the bone ensued. The patient recovered and lived twelve or thirteen years afterwards."

"An insane gentleman, aged thirty-two, suffering from suicidal melancholia, succeeded during the temporary absence of the servant employed to watch him, in thrusting his foot into a bright, blazing fire. He voluntarily held it in this position until the flesh was nearly burnt to the bone. He was never heard to complain of a sensation of pain until he recovered from his mental disorder." P. 356.

"An insane woman deliberately put her hand in the fire, and held it there until it nearly dropped from the wrist, without feeling (as she said) any sensation. She laughed at the idea of the suggestion made to her, that she must have undergone great torture whilst voluntarily holding her hand in the burning flame." "The fanatics called the Convulsionaires de St. Medard bore with pleasure, and relief to the hysteric ecstacy into which they were thrown, the infliction of every species of torture." P. 357.

"There exists among the North American Indians a tribe whose mode of punishment consists in subjecting their prisoners to the influence of the odors of certain plants. This produces the most exquisite mental distress and bodily pain: and, occasionally, if the prisoner be exposed long to its influence, death has been known to ensue." P. 361.

Quere, for ethnologists and botanists of this country: What tribe is this, and what were those plants?

Two or three of Dr. Winslow's cases (pp. 391, 392) sustain Dr. Hammond's lately published views as to the influence of the *erect position* in aiding the relief of insomnia and some other brain symptoms, connected with dilatation of the cerebral blood vessels. From some significant experience we are led to regard these views as well founded and important. Arterial hyperæmia, active or passive, performs a very consequential part in the pathology of cerebral disorders. Dr. Winslow recognizes this, both in his pathological and his therapeutical statements.

A full though concise account is given (p. 408) of the different opinions entertained by prominent writers upon the pathology of insanity from Cullen and Pinel to Baillarger and De Boismont. A term hardly used before is introduced by Dr. Winslow, viz., *psychical hyperœsthesia*. The statement is urged, as important in the *diagnosis* of insanity, that the state of the patient's mind should be compared, not only with that of *others*, as to whether it is normal or "*aliéné*," but most particularly with his own usual state. A contrast to his ordinary self is a reason for alarm or anxiety.

Dr. Winslow complains of the unwillingness of the public (in England) to accept or listen to testimony tending to prove "moral insanity" as accounting for crime, in any case except suicide. There are instances, too many indeed, in this country, of a different feeling. It is really astounding, to perceive how easily a murderer or murderess is, now, sometimes acquitted upon this plea, and, more intolerable still, set at liberty! We hold two propositions to be almost self-evident; that no person convicted of the commission of murder or other crime should be decided to be or to have been insane, unless on the report of a commission of experts (as in France) making a deliberate and prolonged scrutiny into the case: and, secondly, that any murderer, so proved insane, should be held unfit for liberty, as dangerous to the community, and should therefore be invariably *confined for life*, in an institution suited for the purpose.

Some of Dr. Winslow's views upon the *treatment* of acute insanity interest us very much. He remarks, (p. 423):

"He who maintains that depletion is *never* to be adopted in the treatment of mania, without reference to its character, origin, peculiar constitution of the patient, and the existence of local physical morbid conditions, which may materially modify the disease, and give active development to morbid impressions, is not a safe practitioner."

"Although it is only occasionally, in instances presenting peculiar characteristic features, cases occurring in the higher ranks of life, where the patient has been in the habit of living *above par*, and is of a sanguineous temperament, that we are justified in having recourse to general depletion, there is a class of recent cases presenting themselves in the asylums for the insane, both public and private, in the treatment of which we should be guilty of culpable and cruel negligence, if we were to omit to relieve the cerebral symptoms by means of the *local* abstraction of blood. It is, alas! the fashion and caprice of the day to recklessly decry the application of cupping-glasses or of leeches in the treatment of insanity, in consequence, I think, of the slavish deference shown to the opinions of a few eminent pathologists, who have, by their indiscriminate denunciation of *all depletion*, frightened us into submission, and compelled us to do violence to our own judgment."

We must take leave of this book with regret. A copy of it should be on the table or shelf of every medical practitioner; as all are liable to be called upon in cases of mental disorder, often most difficult and delicate in their nature, and requiring special knowledge for their management.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 27, 1866.

CHEAP LODGINGS—THE TENEMENT NUISANCE.

The annual report of the Police Commissioners of the City of New York has been published, and is one of those documents which should be carefully read and studied by every one who feels an interest in social science, and who desires to see those manifold causes of disease, and of physical as well as moral depravity removed, which are so deeply rooted in most of our large cities. We cannot lay before our readers the whole of this well digested document, but shall discuss from time to time some of the more important points which it presents, regarding sanitary matters and public hygiene.

We have already, on more than one occasion, alluded to the terrible abuses to which the poorer classes of New York—and indeed more or less those of every large city—are subjected by the inhumanity and recklessness of *tenement landlords;* and undoubtedly our readers are all pretty familiar with the reports on the fearful overcrowding of these tenement houses, and the great dangers which arise from this state of things to public health, as well as the increased mortality which is thereby artificially engendered.

But we were hardly prepared to listen to an account of such a disgusting depth of depravity as this report sets forth, in its plain, matter of fact details of "cheap lodgings." It says:

"There are in the Fourth precinct sixty places or dens, where the wretched poor, the criminals, and the depraved, resort to lodge, paying from 10 to 15 cents per night for the miserable accommodations.

"These places are chiefly in cellars, with naked stone or brick walls, damp and decayed floors, without beds or bedding fit for human beings. They are mainly unventilated or lighted, except through the entrance door. In condition they are filthy and disgusting beyond description, overflowing with vermin and infected by rats.

"Into these hideous places are packed nightly an average of 10 persons to each place, or 600 in the aggregate.

"In violation of the laws of decency and morality, men, women and children, white and black, with no regard to the family relation, sleep promiscuously together, exhibiting less of the impulses of decency than the brute creation.

"From the character of these apartments, their owners and occupants, and the manner of their use, cleanliness is impossible, and hideous diseases of various classes and types are engendered and propagated.

"While thus occupied they cannot be made decent or healthy, and those who frequent them are beyond the reach of reform, except through the strong arm of the law."

Capt. JOURDAN, of the Sixth precinct, presents pictures of several similar lodging places in his precinct, as follows:

"No. 25 Baxter st., two rooms, each 10 by 6, full ten feet below the street; no windows or other ventilation: bare stone walls; no furniture; a dirty, disgusting cave; 12 to 14 lodgers nightly, at 10 cents per night.

"First floor of the same premises a drinking place, the resort of thieves, beggars and prostitutes of the lowest class." The Captain says: "I have seen as lodgers 18 of both sexes asleep in the place during the night.

"No. 15 Baxter st., a cellar, 14 by 18; five beds; naked stone walls; no window, light or ventilation; 14 persons are accommodated, at eight cents per night.

"No. 16 Mulberry st., one room, 14 by 10, with nine beds, and two beds in adjoining kitchen; 20 persons, male and female, are lodged at six cents per night. The building is the property of an officer of one of our city banks, and rents for $6 per month.

"No. 51 Baxter st., second floor, one room, 8 by 5, contains three beds, kitchen adjoining; several beds on the floor; 18 persons lodge here, at six to eight cents per night; rent, $7 per month; owned by a well-known citizen in Twenty-third st.

"No. 141 Leonard st., second floor; two rooms, one 8 by 10, and kitchen adjoining; eight to ten lodgers, at eight cents per night."

A large additional number of similar places are described by Capt. JOURDAN. The occupants of these cheap lodgings consist of drunken wretches, male and female beggars, rag-pickers of the poorer sort, sneak-thieves, juvenile pimps, ragged and drunken prostitutes, men, women and children, black and white, herding indiscriminately together. They come out of these dens in the daytime, to prey upon exposed property.

From these filthy premises continually arise malaria, poisoning the atmosphere that honest and decent people are compelled to breathe. With our laws and our tribunals as constituted, this mischief seems to be without remedy.

Dr. SAYRE, in his annual Report to the Board of Health, speaks of the same subject in emphatic terms, and strongly urges that "tenement houses," as far as their sanitary condition is concerned, be made the subject of special legislative enactments. We hope, for the sake of humanity, that this will be done. A new Sanitary bill is already before the legislature of New York, and there is every prospect that scheming politicians will not succeed, as they have in years past, in defeating so eminently just and beneficial a measure. Let the bill pass, and let there be incorporated in it the strictest clauses calculated to abate the *tenement nuisance.*

Notes and Comments.

Suppression of Quackery.

A short time ago, according to the *London Lancet*, a case was decided in the Bolton Borough Court, proving that there are efficient laws to suppress that form of quackery which assumes the shape of indecent quack books, which, as in this country, are distributed amongst young men and boys. Two men were charged with offering for distribution a number of indecent books, and fined.

The *Lancet* says:

"It is difficult to overrate the importance of this case. The distribution of filthy and demoralizing books is clearly open to a summary prosecution. We have been appealed to for protection from the villains who circulate these infamous pamphlets, by the heads of families, by the principals of schools, by proctors of universities, and by senior officers of the united service. We have rendered all the aid in our power, but we have repeatedly urged upon the applicants the desirability of their appealing to a magistrate. The above case is now before them. Let them act upon the example set them; and the system which is at present undermining the morality of the rising generation will soon be at an end."

In this country this same evil is made infinitely worse by the countenance which a large portion of the newspaper-press, including many religious papers, give to obscene and quack advertisements. When will public opinion and law compel them to abandon their villanous practices?

Weights and Measures.

The December Report of the Agricultural Department, by Commissioner Newton, contains an excellent article, in which the Standing Committee on Weights and Measures created by the last Congress, is urged to a careful examination of the condition of weights and measures, and to report such a remedy, as will give to the whole country a uniform standard of both. The advantages of the French, or metric system are fully sustained, and its adoption advocated, which would probably induce England to do the same, and thus the weights and measures of the civilized world gradually became uniform. The article concludes as follows:

"We do not suppose that Congress will have the least objection to the metric system, but the difficulty that may cause it to hesitate in adopting and enforcing it will arise from the annoyances caused by such enforcement. These are inseparable from all changes, but they rapidly pass away, and leave in their stead a hearty rejoicing over the success of the reform. It was so with the reform in our coinage. The act of Congress swept away the 6¼, 12½, 18, and 20 cent pieces of foreign coinage, and substituted the dime and half dime. And who does not rejoice? Our currency is national now; it truly represents the decimal system. All business transactions quickly and easily conformed to the change. So it would be with weights and measures. If Congress would fix a day eighteen or twenty-four months in advance when the metric system should be practically observed, all persons would inform themselves concerning it; it would become a topic of newspaper information; every arithmetic would have the tables founded on it, and every commercial college would teach it. Scales, weights and measures would be formed from the standard furnished by Congress to the several States, and the country in this way would cast off the present unsystematized weights and measures, and glide into the practical workings of one of the most complete, capacious, and simple systems that science has given to the world. Following this home-reform would be a like international advance, sweeping away the difficulties that now interpose between the nations of the earth making known to each other the statistics of their wealth and annual production, their commerce and social condition. If these great and much-needed reforms do not prevail against all objections to the change, we shall be much deceived in our estimate of the intelligence of the public."

Correspondence.

DOMESTIC.

"Army Itch."

Editor of Medical and Surgical Reporter:

There are two recent notices of a disease called "army itch," in your journal; one in November 25th, and the other in January 6th. The last is a request for a treatment "which had proved eminently successful." This request is made of Dr. Butler, of Vermont, and I hope he will reply to it, but I believe it can do no harm for me to give a plan of treatment which I have found "eminently successful" in this annoying malady.

"Army itch" is not even a good common name, for it would seem to indicate that the disease was generated and propagated by the army. I certainly saw and treated the same disease seven years ago.

The pathology of the disease does not appear to be made out. If we could have all physical properties of prurigo, as described in books, and add to it the additional qualification of infectiousness, then we would have a good definition of the complaint. Or, if we modify the characteristic features of scabies, by saying that the eruption attacks the outer or more exposed portions of the body and limbs, instead of the inner, as seen in the latter disease, then we would de-

scribe very accurately the malady under consideration.

"Army itch" appears to be a disease *sui generis*. It is a true skin disease. It attacks all (under certain circumstances), except the very young, and the very aged. It is infectious, but only in a moderate degree. It is generally caught by sleeping with, or wearing the clothes of an infected person. I have seen two or three members of the same family suffering with it, while the others remained perfectly free from it. Inquiry revealed the fact that the affected party occupied the same bed.

It is doubtful whether it would ever get well unassisted. It does not long remain a simple itching, but will, if not cured, run through the varied progression of erythema, lichen, eczema, impetigo, and psoriasis, and may even be complicated with boils.

The disease appears to be independent of any eruption. Sometimes the itching is terrible, without any visible eruption, and, indeed, the latter appears to be the effect of the scratching, and not the malady itself.

You will perceive that in this random and hurried sketch that it is not my design to give a systematic description of the disease, but to give a treatment, which, although not new, is so satisfactory in my experience, that from my former dread and annoyance of seeing it, and treating it, that now I have no difficulty whatever. I cannot but remark that I believe the prime cause of the disease to be an entozoa, similar in some respects to the acarus scabiei, and yet distinct from it. I shall be laughed at, and may perhaps deserve to be, for saying so, having never seen the animal, yet the phenomena all point in that direction so strongly, that I should look upon the actual discovery of the small grubber as only confirmatory.

I am indebted to my friend Dr. KNOX, of this place, for calling my attention to the following treatment, which may be found in CONDIE on Diseases of Children.

Precipitated sulphur ℥j., molasses one-fourth pint. Mix, and give a tablespoonful (more or less according to age), three times a day.

Sublimated sulphur ℥ij., mix in one-fourth pound of lard, and anoint the body at bed time.

This treatment is to be continued one week, during which time the patient must not wash—except hands and face—and the clothes must not be changed during that time. At the end of a week wash perfectly clean, and put on perfectly clean clothes that have been boiled. So thorough must the cleansing be, that all the bed clothes should be replaced by perfectly pure and fresh clothing. The doffed garments, before they are used, must be perfectly cleansed and boiled.

If at the end of the week there remains any eruption or itching, let him report to you. But you will seldom be troubled with him again.

E. A. WOOD, M. D.

McKeesport, Pa., Jan. 11, 1866.

Nitrous Oxide Gas in Surgical Operations.

EDITOR MEDICAL AND SURGICAL REPORTER:

In your number for January 6th, 1866, is a letter from the distinguished surgeon J. M. CARNOCHAN, of New York, respecting the use of nitrous oxyde gas in operations. In this he states:

"This is the first capital operation performed under the influence of the gas since the great discovery of WELLS of Hartford, 22 years ago," etc.

By turning to pages 52 to 68 of the work called Anæsthesia, published in 1859 by Hon. TRUMAN SMITH, in defense of WELLS before Congress, you will find a full account of an amputation performed by me, in 1848, 18 years ago—with a success fully equal to that attained since, either by gas or chloroform. *This* was the first amputation. The same reasons are there given for preferring the gas to other anæsthetics, which are urged by Dr. CARNOCHAN. Probably he was unaware of this operation when he made the above statement.

In that case WELLS himself gave the gas.

Very respectfully yours,

P. W. ELLSWORTH.

Hartford, Conn., Jan. 12, 1866.

Injection of Persulphate of Iron in Varicose Veins.

EDITOR MEDICAL AND SURGICAL REPORTER:

I notice in the last number of the REPORTER another reference to the subject of treating varicose veins, by the injection of the persulphate of iron. Having used the persulphate successfully in these cases, I wish to suggest, that the quantity and strength of the solution should depend on the size of the vein to be obstructed. The quantity usually recommended is entirely too small for large veins. When the operation was first proposed, one of the objections made to it was that a portion of the clot might be dislodged, and float into the general circulation.

It is possible that this might occur, if the solution used was very weak, but not if it was strong enough to produce a large and firm clot. It should be recollected that varicose veins not only undergo a change of size, but of structure and function. The structure is modified by the thickening of the walls, and the obliteration of the valves

—the function is interrupted partly by these mechanical impediments, and partly by the loss of sensibility, the result of these anatomical changes. This loss of sensibility accounts for the slight inflammation which usually follows this operation. The plan I adopt is to make a saturated solution of the salt, and to inject from fifteen to thirty drops *full strength* directly into the vein, and to repeat the operation at as many points as seems necessary. Nothing unpleasant has occurred from the use of this strong solution, and for reasons already given, I believe it to be safer than a weak one. There is not the least difficulty in penetrating the vein with the point of the syringe, and the precaution of exposing the vessel by incision, must in most cases be unnecessary.

M. M. Latta, M. D.

Goshen, Indiana, Jan. 11, 1866.

News and Miscellany.

Medical Commencement at Yale College.

The annual commencement of the Medical Department at Yale College took place on Thursday evening last, President Woolsey directing the exercises. The following was the order of proceedings:

Prayer by President Woolsey. Presentation of Prizes—1st Bently Prize, $20, to L. M. Gilbert, A. B.; 2d Bently Prize, $10, to Mr. Thos. I. Minor. Hooker Prize—Pocket case of Instruments, to Albert E. Merrill, M. D. Honorable mention of L. A. L. Angles, M. D., J. I. Averill, M. D., S. H. Bronson, M. D., and Seth Hill, M. D. Valedictory by Seth Hill, M. D. Address to Graduates by Dr. G. W. Russell, of Hartford. Presentation of Degrees.

The following are the names of the graduates, each of whom received the degree of Doctor of Medicine:

L. A. L. Angles, of France; James Judson Averill, New Haven; S. C. Bartlett; Stephen H. Bronson, New Haven; Albert C. Hallam, Winsted; Seth Hill, Bridgeport; William E. Hithcock, Richmond, Va.; Albert Eugene Merrill, Barkhampstead; Z. Rojas de Molina, San Francisco, Cal.; Charles Ferris Mgrgan, Wilton; Fenner Harris Peckham, Providence, R. I.; Francis J. Young, Lakeville.

The Rev. David Marvin Ellwood and Mr. E. K. Leonard were graduated as licentiates.

The amount of Castor Oil manufactured in the United States is estimated at 300,000 gallons, one-half of which is manufactured by Baker and Brother, New York. This firm imports its castor-bean from the East Indies—about 75,000 bushels annually. The Agricultural Department urges its more extensive cultivation in the United States. The castor-bean plant is stated to be perennial in Los Angelos co., California, growing to the thickness of a man's thigh. In Randolph co., Illinois, and adjoining counties, it has been cultivated, yielding at least 20,000 to 30,000 bushels a season, the price at present varying from four to five dollars.

Vital Statistics of Mankind.

There are on the globe about 1,288,000,000 of souls, of which

369,000,000 are of the Circassian race.
552,000,000 are of the Mongol race.
190,000,000 are of the Ethiopian race.
176,000,000 are of the Malay race.
1,000,000 are of the Ande-American race.

There are 3,648 languages spoken, and 1,000 different religions.

The yearly mortality of the globe is 3,333,333 persons. Thus at the rate of 91,554 per day, 3,730 per hour, 60 per minute. So each pulsation of our heart marks the decease of some human creature.

The average of human life is 36 years.

One-fourth of the population die at or before the age of seven years—one-half at or before 17 years.

Among 10,000 persons one arrives at the age of 100 years, one in 500 attains the age of 90, and one in 100 lives to the age of 60.

Married men live longer than single ones. In 1,000 persons 65 marry,* and more marriages occur in June and December than in any other months of the year.

One-eighth of the whole population is military.

Professions exercise a great influence on longevity.

In 1,000 individuals who arrive at the age of 70 years, 42 are priests, orators, or public speakers; 40 are agriculturalists, 33 are workmen, 32 soldiers or military employees, 20 advocates or engineers, 27 professors, and 25 doctors. Those who devote their lives to the prolongation of that of others die the soonest.

There are 335,000,000 Christians.
There are 5,000,000 Israelites.
There are 60,000,000 of the Asiatic religion.
There are 160,000,000 Mahomedans.
There are 200,000,000 Pagans.

In the Christian Churches:
180,000,000 profess the Roman Catholic.
75,000,000 profess the Greek faith.
80,000,000 profess the Protestant.

The Army Medical Staff.

Senator Wilson has introduced into the U. S. Senate a bill for the reorganization of the army.

Section 14 provides that the medical department of the army shall hereafter consist of one surgeon-general, with rank, pay, and emoluments of a brigadier-general: one assistant surgeon-general, with the rank, pay, and emoluments of a colonel of cavalry; five medical inspectors, with rank, pay, and emoluments of a lieutenant-colonel of cavalry; sixty-five surgeons, with rank, pay, and emoluments of majors of cavalry; one hundred and forty assistant surgeons, with the rank, pay, and emoluments of captains of cavalry, after three years' service,

* There must be an error here.—Ed. Med. and Surg. Rep.

and with the rank, pay, and emoluments of first lieutenants of cavalry for the first three years of service; and five medical storekeepers, with the same compensation as is now provided by law; and the vacancies hereby created in the grade of surgeon and assistant surgeon shall be filled by selection from among the staff and regimental surgeons and assistant surgeons of volunteers, who have served two years during the war: and assistant surgeons who have served three years in the volunteer service, shall be eligible for promotion to the grade of captain.

Small-pox in New York. Compulsory Vaccination.

Dr. Sayre, in his report to the Board of Health, says:

At the Small-pox Hospital on Blackwell's Island, there were remaining with that disease, on the 1st December, 1864, . . . 45 cases.
Admitted during the year ending Dec. 1, 1865, ... 1,151 cases.

Total, ... 1,196 cases.
Number who died from Dec. 1, 1864, to Dec. 1, 1865, ... 163
Number discharged in same time, 1,009–1,172

Number remaining Dec. 1, 1865, . 24

The number of cases here shown, although frightfully large, is yet but a very small portion of what has actually occurred in the city within the past year. As much the larger portion of cases positively refuse to go to the Hospital, and I have no legal authority to compel them to go, these figures do not give a correct idea of the extent of this disease among us. But, it seems to me, they are sufficiently great to speak in trumpet tongue to our legislators, and urge upon them the absolute necessity of immediately enacting a law for "compulsory vaccination."

Sanitary Condition of the Indians of Washington Territory.

The prevailing diathesis among the Indians of Washington Territory, writes Dr. Mack to the *Boston Med. and Surg. Journal*, is scrofulous, as shown in many chronic ulcerations and ophthalmia. The latter may be greatly owing to the constant smoke, which they keep in their lodges. Phthisis rather common. Their diet is almost exclusively of fish, and they use large quantities of oil, of which they are very fond, liking castor oil, which they call "sweet medicine." Nervous system less active than with the whites, as shown by insensibility to pain, and the slight febrile symptoms that follow wounds, which heal readily. Child-birth, as with other uncivilized races, is easy, and the women soon after labor return to their ordinary duties. Venereal rare; rheumatic pains frequent. Mr. Swan, a teacher connected with the Indian agency, states that during a small-pox epidemic among them, the disease made great havoc at first, but as soon as they were kept cool in the first stage, and given sufficient nourishment in the secondary fever, no deaths were met with. In an epidemic, further north, the sufferers had been put out of doors by the rest, with only one blanket and a little nourishment, and had generally died in a short time. In treating Indians, he had made a practice of giving only half the usual doses, with satisfactory results.

—— A skeleton of the Aye-aye, a rare and singular animal, has lately been added to the Museum of the Royal College of Surgeons. It is an inhabitant of the island of Madagascar, where it was first discovered by Sonnerat about the year 1780. The specimen brought home by that traveller, and presented by him to the celebrated French naturalist, Buffon, has remained until within a few years the unique representative in Europe of this remarkable creature.

—— Dr. Eyster, while attempting to cross the Susquehanna at Sunbury, on Sunday, the 14th, made a narrow escape. The wind and cold blinded him, and he stepped into an air hole covered with thin ice. His cries attracted some persons from the shore, who hastened to him with a rope, which was thrown to him, but he was so much paralyzed that he could neither hold it nor tie it around him, but seized it with his teeth, and in this way was rescued from a watery grave.

—— Tooth Brushes, made of *horse-hair*, are coming into use, and are said to be superior to those made of hog-bristles, now in use.

—— Medical Jurisprudence.—Among the most approved of recent class-publications in Paris, is a volume by Brilland Lanjardiere, "De l'Infanticide," a medico-legal study.

—— Cosmopolitan Botany.—A congress of European botanists will soon be held in London, with the veteran De Candolle as president, and the Lord Mayor is to give a grand dinner to the *savans*.

—— It is announced that the next number of "*Braithwaite's Retrospect*," part 52, will contain a general index for the past two years, and was to be ready for delivery about the 20th inst. The greatly increased demand for the "*Retrospect*" has exhausted some of the late numbers. Hereafter precaution will be taken to prevent any future disappointment.

—— When the Earl of Bradford was brought before Lord Chancellor Loughborough to be examined upon a charge of lunacy which had been brought against him, he was asked,—"How many legs has a sheep?" "Does your lordship mean a live or a dead sheep?" inquired the Earl. "Is it not the same thing?" asked the Chancellor. "No, my lord;" returned the Earl. "There is much difference. A live sheep may have four legs—a dead one only two. There are but two legs of mutton; the fore-legs are shoulders."

——Malgaigne, the eminent French Surgeon, whose death was recently announced, was born at Charmes-on-Moselle, the 14th day of February, 1806. He graduated in 1831, published in 1834 his "Manual of Operative Medicine," in 1838 his "Treatise on Surgical Anatomy and Experimental Surgery," and in 1840, an annotated edition of the complete works of Ambrose Paré. His other memoirs, and papers on various subjects, are very numerous.

—— Brevet Col. John M. Cuyler, Surgeon U. S. A., has been assigned to duty as Post Surgeon at Fort Wadsworth, New York Harbor, and Brevet Lieut. Col. J. Bailey, Surgeon, has been assigned to duty as Post Surgeon at Fort Warren, Boston Harbor.

—— The Galveston Medical College commenced its first course of lectures on the 4th instant, Dr. John H. Webb is Dean. There are nine professors.

MARRIED.

Baugher—Whiteside.—December 28th, by H. L. Baugher, D. D., President of Pennsylvania College, Gettysburgh, Pa., L. R. Baugher, Esq., and Miss Jane Gordon Whiteside, daughter of the late Thomas Whiteside, M. D.

Cooley—Elliott.—January 2d, at the residence of the bride's parents, in Bush River Neck, Hartford county, Md., by Rev. S. A. Hoblitzel, Dr. John H. Cooley and Miss Nellie B. Elliott, both of that county.

Cowles—Wainwright.—At Hanover, N. H., December 25, by Rev. J. Q. Bittinger, of St. Albans, Vt, Dr. Edward Cowles, U. S. A., of Fort Independence, Boston Harbor, Mass., and Miss Hattie M. Wainwright, of Hanover.

Cromwell—Burwell.—At Christ Church, in Winchester, Va., January 16th, by the Rev. William Meredith, Dr. Benjamin M. Cromwell, of Albany, Georgia, and Miss L. C. Burwell, eldest daughter of P. C. L. Burwell, Esq., of Winchester, Va.

Downy—Torr.—On the 2d inst., in this city, by Bishop Wood, Joseph B. Downy, M. D., of Chicago, and Emma J. Torr, daughter of T. R. Torr, of Lancaster, Pa.

Fowler—Hatch.—In Savannah, Ga., January 4, in St. John's Church, by the Rev. Mr. McRae, Dr. A. C. Fowler, U. S. N., and Elizabeth H. B., eldest daughter of John B. Hatch, Esq., of Medford, Mass.

Loring—Jarves.—In Boston, Mass., January 3d, Edward G. Loring, M. D., and Miss Chevalita Jarves.

Meek—Brown.—At the residence of George W. Brown, M. D., Port Carbon, Pa., Jan. 10, 1866, by Rev. A. M. Lowry, Mr. Theodore G. Meek, of White Deer Valley, Union County, Pa., and Miss Jennie Brown.

Miller—Merriam.—In New York, Jan. 7, by Rev. John E. Gorse, Dr. Theodore D. C. Miller, of Hampton, N. Y., and Miss Mary J. Merriam, youngest daughter of John S. Merriam, Esq., of New York city.

Moeller—Meredith.—At the residence of Dr. P. Meredith, Yellow Springs, Ohio, Jan. 9th, 1866, by Rev. D. M. Moore, Mr. Carl C. Moeller, of Chicago, and Miss Sallie E. Meredith.

Paine—Lewis.—In New Orleans, December 30, at the residence of the bride's mother, by Rev. J. B. Jobert, J. T. Paine, M. D., of Charlestown, Mass., and Miss Rosa Lewis, of New Orleans.

Robins—Allen.—In Cambridge, Mass., December 25, by Ezra S. Gannett, D. D., Richard Robins, of Boston, First Lieutenant Eleventh U. S. Infantry, and Miss Mary R. P., daughter of Charles H. Allen, M. D., of Cambridge.

Talbot—Adams.—In Fabius, N. Y., Jan. 9, at the residence of the bride's mother, by the Rev. B. F. Barker, R. W. Talbot, of Fabius, and Minnie, daughter of the late Dr. H. Adams.

Toward—Wingate.—In Augusta, Me., by Rev. Mr. McKenzie, Dr. J. W. Toward and Miss Emeline Wingate.

DIED.

Blackwood.—In Haddonfield, N. J., on the 19th inst., Dr. B. W. Blackwood.

Brown.—At Hooversville, Md., on Friday, Jan. 12, Dr. James E. Brown, aged 37 years.

The Baltimore *Sun* says: "He was well known in Baltimore as a gentleman of literary attainments. As an analytical chemist he stood very high, and was looked upon as an adept in scientific matters."

French.—In Manchester, N. H., Jan. 5, of consumption, Mrs. A. Maria French, wife of Leonard French, M. D., aged 40 years and 8 months.

Herrick.—Dr. Wm. D. Herrick, formerly one of the ablest and most successful physicians and surgeons in Chicago, died on Sunday, Jan. 14, very suddenly, at the insane asylum at Augusta, Me. He had been suffering with mental derangement for several years.

Kingman.—In Marion, Mass., Jan. 17, Mrs. Sarah E. Kingman, wife of Dr. G. M. Kingman, of Boston, aged 27.

Sherrill.—In New York, on Tuesday morning, Jan. 16, Dr. Hunting Sherrill, of pneumonia, in the 83d year of his age.

White.—At the residence of his mother, in Alleghany City, Pa., December 13, Henry Kirk White, Assistant Surgeon, U. S. V., and son of the late Rev. Robert M. White, of Virginia.

OBITUARY.

David Boyd, M. D.

Died—In Albany, Dec. 12th, at the residence of his brother-in-law, Mr. G. H. Thatcher, David Boyd, M. D., aged 53.

The subject of the above notice was for the last thirty years the principal practitioner at Charlton, Saratoga county, N. Y. He graduated at Union College in 1833, when he became the pupil, and finally the successor, of Dr. David Lowe, a physician of much eminence in Saratoga county.

Dr. Boyd attended medical lectures and finished his studies at Fairfield. He had a very extensive practice, and was often called in consultation by neighboring physicians; he was greatly respected for genuine worth as a man and Christian, as well as admired and sought after for his care and skill in the treatment of his cases, both medical and surgical.

To the poor he was a true friend, never refusing to minister to the wants of those in distress.

His disease was cancer of the stomach, which caused him reluctantly to relinquish his business some months previous to his death, in hopes that change of air and repose from labor might be beneficial. But, alas! the disease had made too serious inroads upon a constitution remarkable for vigor, and he passed away from earth, surrounded by his family and friends, lamented by all who knew him well, and painfully reminding us that his place will be hard to fill. B. A. M.

ANSWERS TO CORRESPONDENTS.

"*A Subscriber*" in Ohio asks whether our Medical Directory is being prepared merely for our own convenience, or to be published in book form for the benefit of the Profession. We answer, that if we shall succeed in making it anything like complete, we propose to publish it, if sufficient inducements are offered to do so. In the mean time, if we can make any use of it for our own benefit, or that of the Profession, we shall not fail to do so. Even *one* complete list of the regular practitioners in the United States would be very valuable to the Profession.

Dr. J. W. B., Washington, D. C.—Instruments for Endoscopy are preparing, and we will let you know when they can be had. They will not be ready for some weeks.

Dr. W. W., Thomaston, Conn.—Garrod's essentials of the Materia Medica, and the U. S. Dispensatory, will meet your requirements the best of any works we know of.

Dr. I. H. S, Triadelphia, W. Va.—Slade on Diphtheria, sent by mail, January 16th.

Dr. E. J. H., Morrisville, Vt.—Slade on Diphtheria, sent by mail, January 16th.

Dr. C. M., Manassas, Va.—Slade on Diphtheria, Chapman's Observations on Diphtheria; Bauer's Orthopedic Surgery, and Tanner on Poisons, sent by mail, January 16th.

Dr. J. H. G., Philo, Ohio.—Turnbull on Deafness, sent by mail, January 16th.

Dr. A. G. W., Pittsburgh, Pa.—Paul F. Eves' Cases in Surgery, sent by mail, January 16th; and 40 numbers of Reporter, by mail, January 22d.

Dr. A. S. S., Lewisburgh, Pa.—Lalemand on Spermatorrhœa, sent by mail, January 16th.

Dr. W. L. A., Cochecton, N. Y.—Byford on Uterus, sent by mail, January 16th.

Dr. F. S. G., Huntington, Ind.—Chambers' Renewal of Life, sent by express, January 16th.

METEOROLOGY.

Jan. 1866,	8,	9,	10,	11,	12,	13,	14.
Wind	N.	N. W.	N. W.	S. W.	S. E.	S. W.	N. W.
Weather	Clear.	Clear. River closed.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	14°*	2°*	20°	13°	27°	32°	30°
At 8 A. M.	10*	7	20	33	34	40	38
At 12 M.	3*	23	31	38	41	48	35
At 3 P. M.	10	20	33	43	42	47	29
Mean	8.50*	16.	30.25	31.75	36.	41.75	33.
Barometer.							
At 12 M.	31.	30.6	30.2	30 1	30.1	28.9	30.2

* Below Zero.

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 466.] PHILADELPHIA, FEBRUARY 3, 1866. [Vol. XIV.—No. 5.

Original Department.

Communications.

A MEMORIAL of DAVID S. CONANT, M. D.

READ BEFORE THE NEW YORK MEDICAL ASSOCIATION, DECEMBER 11th, 1865.

By Alfred Underhill, M. D.

Mr. President, and Gentlemen:

In accordance with the resolution of this Association, conferring on me the pleasant duty, I now very concisely submit to you what I have been enabled to gather from various sources, respecting our deceased fellow-member.

Dr. David S. Conant was born at Lyme, Grafton county, New Hampshire, of puritan parentage, in the year 1825. His father was a carpenter, whose means were limited, and to whom David, at the proper age, after receiving the education afforded by the schools of his native place, was apprenticed to learn the same occupation; after serving him faithfully for several years, and not finding the employment congenial to his disposition and active mind, he left his father before the term of his apprenticeship had expired. At a future period, he compensated his father in full for the unexpired term for which he owed him service—an act illustrative of the high moral principle which governed him, even at this early period of his career.

During these years of his apprenticeship, he had an active yearning for something higher and better, which manifested itself in constant reading and seeking after knowledge; and thus he greatly improved his intellectual powers, although his studies had been, thus far, of a somewhat desultory character.

Soon afterward, we find him occupied as a teacher in an academy, which position afforded him a far better opportunity of indulging his inclination for study, and which he now pursued in a more methodical manner, sedulously employing every leisure moment in preparing himself for a collegiate education. In a short time, however, by the advice of his friends, he abandoned the idea of a college course, and at once commenced the reading of medicine, under the instruction of Dr. Wooster, of Lyme.

This year, the first of his medical pupilage, he attended lectures at Hamilton College, where he soon, by his remarkable assiduity, commended himself to the Professor of Anatomy, Dr. Edmund R. Peaslee, and became his private pupil. This was the beginning of a friendship, which has proved a most agreeable and fortunate one for Conant, and happily continued up to the time of his decease. He graduated as Doctor of Medicine at Bowdoin College, in the year 1848.

On Professor Peaslee's resignation of the chair of Anatomy in the Medical School of Maine, Dr. Conant was elected his successor; this chair he retained until 1862, and when the late Professor Timothy Childs, who had succeeded Professor Peaslee in the Surgical chair, resigned that position, Dr. Conant was appointed to fill the vacancy, and has since then to the time of his death been Professor of Surgery in that college. He likewise held the Professorship of Surgery in the Medical College at Burlington, Vermont, for the last five or six years.

Dr. Conant removed to the city of New York from his native State in 1851, and became Demonstrator of Anatomy in the New York Medical College, which office he retained some six or seven years; his friend, Dr. Peaslee occupying the chair of Physiology. At this time, Dr. C. had an office at the corner of Thirteenth street and Fourth Avenue, near to the College, where he gathered a large private class of students, giving instruction to them in the various departments of medicine regularly every season, in addition to the two public courses of lectures in the colleges just mentioned. This constant experience in giving oral instruction rendered him a most accurate, thorough, and successful teacher.

In 1854, during an epidemic of cholera, Dr. C. had charge of one of the cholera hospitals, and in 1858, was appointed a surgeon of the Demilt Dispensary, and also of the Colored Home. On each of his visits to his country schools, he performed much surgery gratuitously. The physicians of these places reserving their most important and difficult cases, needing operations, for such occasions; and from this continued practice

in the use of the knife, his quickness and dexterity, and zealous enthusiasm for surgery, he became a most accomplished and able operator. During these visits he performed most of the great operations of surgery, and once operated successfully on an ovarian tumor; the case is published in the *American Journ. of the Med. Sciences*. His writings were not extensive. He has written several creditable papers for different medical journals, and also an able paper on Monstrosities, which was published in the Transactions of the New York Academy of Medicine. He had much mechanical ingenuity, his former pursuit of a carpenter probably conducing to this faculty, which he applied successfully in the practice of his profession. A uterine pessary of considerable value was invented by him.

After he became a resident of this city, Dr. C. connected himself with many of its most active societies, and was ever ready to contribute his full share to their advancement and success. He has held the office of President of the Pathological Society, was a fellow of the Academy of Medicine, a member of the Obstetrical Society, of the New York Medical Association, and of the New York County Medical Society, (of which he was a delegate to the New York State Medical Society,) and at its late Anniversary meeting in October, was elected Vice-President, while stricken down upon a bed of agonizing pain and suffering—even at the hour when on the verge of that dark mysterious river he was destined soon to pass, when the honors of this world are held light and shadowy, and of little value.

Dr. Conant was prompt on all occasions when his services were demanded, and, however much employed, was most punctual in keeping engagements, and never shrank from anything in the line of duty. After the battle of Antietam, he readily volunteered his services for several weeks with the army on that field of slaughter, where the pressure of labor was tremendous, but, as was his usual custom, totally disregarding labor and fatigue, he contracted an intestinal disease, which never wholly left him.

In addition to these labors, Dr. C. for several years had attained an extensive and lucrative private practice, to which he gave the most faithful and conscientious attention. Fortune appeared constantly to favor him; if a demand for his services of any importance was made, he was always at hand. On one occasion, when travelling by railroad in New England, and arriving at a small town, a railroad accident occurred to a boy, crushing both his feet. The physicians of the place were unprepared to operate, for want of proper instruments, when Dr. C. presenting himself, immediately taking from his pocket a small case of instruments, promptly amputated both legs, and then dressed the stumps with a portion of the garments of the lady passengers. The boy survived the operations, the railroad company paid the bill, and the Doctor continued his journey. On this occasion, he made the acquaintance of the Rev. Dr. Adams, of this city, and afterward became a member of his church.

Dr. C. was fortunate in his mental organization; he had a good memory, a remarkable quickness of perception, was self-reliant, possessed a well-balanced mind; seldom failing in anything he undertook; was temperate in all things, not accustomed to the use of tobacco in any form, and his moral character was unimpeachable; at the early age of sixteen, he became a member of the Presbyterian church, living ever afterward conscientiously to its tenets. He was twice married: to his first wife, in 1852, and she dying in 1858, he married again, a lady of some fortune, of Brunswick, Maine, leaving at his death two children, one by each wife. In this connection, we would add,—and we are sure that it will be a source of great satisfaction to the members of this Association to learn,—that, besides his wife's property, he had, a short time before his death, effected an insurance to the amount of ten thousand dollars upon his own life, so that his family are left in comfortable circumstances.

"None but the highest physical power"—I quote from an obituary notice in the November number of the *New York Medical Journal*, from the pen of a writer who knew him well—"could endure the constant pressure thus increased during the last five or six years of his life. . . . During the month of August last, he was almost constantly occupied, night and day, in his practice, and was constantly exposed to septicasmic influence. He had but little opportunity to recuperate in September, and, on the last day of that month, had a small furuncular inflammation on the right side of the nose. This was opened freely to the bone, and at once faded away. The next day but one, (Oct. 2d,) inflammation returned about the incision referred to, and was in its turn apparently subdued by a second free incision. It returned the third time, around and over the lachrymal sac of the right eye, extended to the orbit, producing ex-ophthalmia and loss of sight of the right eye, and then progressing backward through the sphenoidal fissure, it attacked the membranes of the brain and proved fatal on the 8th October, 1865," he being in the fortieth

year of his age. "Dr. C., in his relations to his professional brethren, was frank, cordial, and generous, and incapable of an unprofessional act. To his patients he was kind, faithful, and self-sacrificing to an extreme degree. As a citizen, he yielded to none in public spirit and patriotism. But, more and better than all else, his was the life of an earnest and sincere Christian; and in his death he was sustained by the religion which, from his youth, he had professsed."

Having thus given simply and briefly the more important events of the life of our deceased associate, we are prepared to form a tolerably accurate estimate of his character. On reflecting upon his history, as above presented, we would observe, that we find in it a completeness and roundness of outline that is rarely to be met with, and that irresistibly challenges our admiration, and impels us to hold him up as a bright and encouraging example to all of us, but particularly to our younger professional brethren. Beginning life with but an ordinary country-school education, without means, without influential friends; when old enough, apprenticed to a mechanical business, and finally, by the overpowering force of an energetic nature, breaking through these impediments, which were sufficient to clog and drag down to earth the ordinary man, and ultimately winning for himself a high reputation for professional acquirements became an instructor in that profession he so loved and venerated. Here we have in Dr. C., the characteristics of the incessant untiring perseverance of a man, who looked upon human life as a precious gift of Providence, and involving proportionate responsibility; as an opportunity for earnest endeavor; of duties to be performed, however repellant to the finer sensibilities of our nature; having a high sense of moral and religious responsibility; encountering and surmounting difficulties that would have restrained and appalled a less noble ambition. How patient, how laborious was he, and how splendid the results! He has not lived in vain, though dying young, before even grey hairs had whitened his temples, he has left a legacy to the world, of inestimable value—the priceless jewel of a well-spent, useful life!

It is our conviction and, we believe, an acknowledged truth, worthy of acceptance by all, that the faithful record of a good man's life is pleasing and profitable to contemplate, and cannot be presented too often as an example to be imitated by the present and future generations; and, we are proud to say, that we find in medical biography a mine of rich and brilliant examples of those who have lived, not solely for themselves, but for the race—not for the welfare of the present alone, but for the good of future ages, and not a few of whom have died martyrs.

Thus our friend and associate, having finished his labors, leaving us the legacy of his excellent example, has passed from this earthly scene

"To wear a wreath in glory wrought,
His spirit sped afar,
Beyond the soaring wings of thought,
The light of moon or star;
To drink immortal waters,
Free from every taint of earth,
To breath before the shrine of life,
The source whence worlds had birth."

And we need not mourn for him; for his is the recompense and the reward—"Well done, good and faithful servant!"

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.

Of Philadelphia, Pa.

Homocentric Ophthalmoscopes.

Continued from vol xiii., p. 270.

The Ophthalmoscope of Williams. "This instrument consists of two small concave mirrors having a focal length corresponding to the distance at which the observer sees small objects clearly. They are set in a spectacle-frame in such a manner as to turn on vertical axes; and this frame being worn by the observer, the light from a side lamp is directed into the eye observed.

"The advantage of having both hands at liberty, claimed by Williams, is overbalanced by the evils of difficult adjustment and uncertain fixation."

The Ophthalmoscope of Desmarres. It consists of a concave mirror, four centimetres in diameter and of 7″ focal length, with two parallel holes for the observer, according as he may examine the right or the left eye. An ocular lens of $1\frac{3}{4}$″ is fixed by a pin to an opening in the handle of the mirror, and can be applied to either of the perforations. Another instrument, likewise used by Desmarres, consists of two concave mirrors united together, back to back. The foci of one at 12, and the other at 9 centimetres.

The Ophthalmoscope of Heyfelder. "This consists of a small concave mirror, the size of an English florin, having a moveable handle of blackened wood. In the centre, the metal covering of the mirror has a circular perforation, two lines in diameter, the glass itself remaining entire. The concave and convex lenses may be inserted in a movable black ring, that may either be attached to a second wooden handle

and used by the free hand, or more conveniently, may be fixed to a small cross-piece of brass on the mirror, and thus placed at a distance of from ½″ to 2″, either before or behind it.

"In this arrangement, the whole apparatus is managed by one hand, and the other is left at liberty to steady the head of the patient."

The Ophthalmoscope of Soleil. It consists of a common centrally-perforated concave mirror of 20 centimetres focal distance, and 32 millimetres diameter, of a bi-convex lens of 55 millimetres focal distance, and of a handle. When closed, it is 8 centimetres in length, 4 in breadth, and 18 millimetres in thickness.

The Ophthalmoscope of Cusco consists of a hollow upright stem of wood, 10″ in height, and furnished with a screw, by which it can be fastened to the edge of a table. In this stem a wooden pillar slides up and down, and is retained in any desired position by a spring at its lower extremity. Its upper end is united by a simple joint to a brass ring, which is lined with cloth and carries the moveable wooden tube. This again contains the sliding stem and carries the brass ring, with its jointed brass rod terminated by a little knob. It carries the concave mirror supported by a brass semicircle and turning in the tube on its vertical axis. The smaller stem supports in the same manner the lens. The focal length of the mirror is 8″, and that of the lens is 2″.

The Ophthalmoscope of Jäger. We have in a former paper described the small instrument of Jäger. He has constructed a more complicated instrument, so as to unite in one apparatus the advantages of Helmholtz, Ruete's, and other ophthalmoscopes. It is chiefly used with a concave mirror.

The Ophthalmoscope of Liebreich. In a former paper we described the small and also the large instrument of Liebreich. We shall add to our description a few hints as to its further use. For microscopic examination, Liebreich fixes the patient's head as for the ophthalmoscopic, withdraws the tubes from their containing ring, and replaces them by the body of a Schieck's microscope. The brow-holder fixed to the ring and the chin-holder determine the distance of the eye from the object-glass of the microscope, which can be moved forward and backward in a horizontal direction. For the purpose of lateral illumination by oblique rays, a convex glass of 1½″ focal length, is fixed to the ring by a jointed arm and can be placed in any required position.

This manner of examination is especially useful in determining the seat of exudation or vessels in the cornea, in difficult diagnosis of the deeper diseases of the iris, in turbidity of the lens of the posterior capsule, and even of the vitreous humor.

The best form of ophthalmo-microscope with which Dr. Carter is acquainted, is one that has been described by Professor Wecker, of Paris. The body of a microscope slides in a ring attached to a tripod with adjusting feet. Two of these feet rest upon the forehead of the patient and one upon his cheek, and they are padded to render their pressure painless. To one side of the ring is hinged a jointed rod, bearing a collecting lens to illuminate the surface of the eye. By this arrangement, the ring of the instrument being held by the surgeon, the whole moves with every movement of the patient, and the focal adjustment is not disturbed. In consequence, however, of slight movements of the globe, removing the part under inspection from the field of view, Professor Wecker has found a power of 80 diameters to be the highest available. For the inspection of the surface of the cornea he finds a power of 40, and for the crystalline lens, or its capsule, a power of 60 diameters to be the most generally useful. The instrument is figured in Wecker's "Etudes Ophthalmologiques," vol. i., p. 272, and would be made from the drawing by any optician.

For the purpose of very fine measurements, Dr. Liebreich has added to his instrument a *micrometer*, contrived in the following manner:

A circular plate of glass fitted exactly to the inner tube, is graduated horizontally and vertically in millimetres, and to facilitate reading, every fifth line is made somewhat broader and longer than the others. This plate is fixed to a short stem that passes through a slit in the tube, and can be moved backward and forward, or turned upon its vertical axis. This turning, which is necessary, in order to displace reflected images, is still possible when, by means of a screw on the stem, the plate is fixed at the requisite distance from the object.

If measurements be required in some other direction than vertical or horizontal, the whole tube of the instrument may be rotated on its horizontal axis in the ring that supports it.

Photography of the Fundus Oculi.

To accomplish photography of the fundus oculi, Liebreich employs a metallic concave mirror of thort focus, (also a Coccuis' or Zehender's mirror,) with a central perforation of about 5‴ in diameter. The mirror is so fastened to the objective end of a camera obscura that it may be

moved to and fro, and may turn on its vertical axis. The camera is then arranged as for photography, and the operator allows a side light, either direct or condensed by a lens, to fall upon the mirror in such a manner that it is reflected through the dilated pupil of the eye of the patient so as to illuminate the fundus. The returning rays, rendered convergent by the refracting media, pass through the hole in the mirror to the object-lens behind it, and form beyond this an inverted image of the fundus. This image is received upon the plate of ground-glass at the back of the camera; and when, by movement of the objective, the best possible position is obtained, the ground-glass is exchanged for a prepared plate in the ordinary way, and the image is fixed.

This apparatus is especially useful for demonstration of the inverted image, for exact measurements, and for drawings.

The Ophthalmoscope of Follin. According to Dr. Carter,* the most important difference between the ophthalmoscopes of Liebreich and Follin is that "in the former instrument, the portion of tube that carries the object-lens is fixed to the stand, and the portion that carries the mirror is moveable. In Follin's ophthalmoscope, this arrangement is reversed. In the one case, therefore, the adjustment moves the mirror nearer to or farther from the stationary lens; and in the other, the adjustment moves the lens backward and forward, between the mirror and the eye of the patient."

By means of a prism adapted to the back of the mirror, the image that is formed can be reflected upon the surface of the table.

The Ophthalmoscope of Deval. It consists of a glass concave mirror, 35 millimetres in diameter, with a focal length of 25 centimetres, and a central perforation of 3 millimetres. To the handle of the mirror is attached a clip, turning on a pivot and serving to hold an ocular lens. This is completed by a small concave plate of metal, shaped to fit the root of the nose. Above this is a second plate, flat and made to bear upon the forehead. From this central portion there projects on either side an elliptical ring, intended to rest upon the margin of the orbit, and thus to re-secure the steadiness of the apparatus. From the middle of the central plate there projects forward a brass nozzle or proboscis, containing an endless screw, which supports the holder of a lens of 2″ or 2½″ focal length, movable in all directions. By two elastic bands, united by a buckle, the machine can be secured to the head of a patient. This is only a complicated lens-holder.

Galenzowski's Ophthalmoscope, which was introduced in 1862, bears a general resemblance to Hasner's, but with the following differences: The end of the tube that carries the object lens is prolonged and sloped to fit the orbital ridge of the patient, so as absolutely to exclude side light. The lens itself has a movement backward and forward, and can also be turned on its vertical axis. The tube that contains the mirror draws in and out by two or three slides, like those of a telescope, so as to combine great range of movement with comparative lightness and portability.

* Zander, p. 34.

Hospital Reports.

Philadelphia Hospital,
December 6th, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Pathological Specimen.—Aneurism.

About ten days ago, I had before you a patient with an enormous aneurism of the aorta, as it occurs in the thoracic cavity. In our wards, we have a large number of these cases, varying in size and length of duration. This large specimen on the table was taken from one of these patients, who has been in the house three years, and who died very suddenly last evening. During the last few weeks, he has been living like an oyster, moving about quietly and slowly until the coats burst, and death immediately followed.

You may remember I mentioned some of the different forms of aneurism; when there was a partial or complete dilatation of the coats; another form, of which this aneurism is a specimen, in which the coats are only dilated in one place, forming a sac, and this sac is filled with laminæ, like the leaves of a book; others are filled with coagulum. Now, all this trouble is caused by a peculiar disease of the artery, in which the coats become degenerated. I will now pass this specimen around, that you may all place your finger in the orifice and feel the laminæ and clots of which I have spoken, and erosion of the vertebræ. This sac, as you perceive, is only on one side of the artery. These patients may, with ease, live many years, and at last die suddenly.

Typhus Fever. Convalescent Patient.

Thomas Mc. F., æt, 30, laborer, was first taken sick about three weeks ago, just after landing from shipboard. While on a debauch, he was exposed to wet, which was followed by a chill, fever, and pain all over him, as he says very graphically. Some of you may recognize this poor fellow as the patient I had before you two weeks ago, laboring under a mild attack of typhus fever; I say mild, merely in contrasting it with the

severer cases you have seen in this clinic. At that time, his intellect was evidently affected, eyes suffused, dark-brown tongue, sordes about the teeth, and the peculiar eruption over the whole body, characteristic of typhus. Now you perceive a marked improvement. He can answer all your questions intelligibly, and there is a natural expression about the eye, indicating a return of the mental faculties to a normal condition. In a very few days, he will be well enough to go about his usual avocations.

When you get into general practice, these cases will trouble you, unless you are master of the subject; and I have, for this reason, brought them before you again and again, to reiterate the general principles of treatment. In this house, nearly all our typhus fever patients recover. It is what we pride ourselves on. Our plan of treatment has been to sustain and watch. As a general quietus to the nervous system, we give morphia and camphoræ—the last to restrain subsultus tendinum. We also use flying blisters; and by this I mean small blisters moved about from place to place, and not kept in one position long enough to vesicate. Stimulants are administered freely from the commencement. Sulphate of cinchona has become one of our favorite tonics, on account of its developing no head symptoms. Last winter we had eighty-seven cases of true typhus fever in the female wards alone, and of this number, only four died; one of these came into the house in a moribund condition.

Doubtful Cases.

Paul McD., æt. 76, intemperate, has been sick about two months; was always a healthy hard-working man. When first he began to feel unwell, his trouble consisted in shortness of breath, with beating, so he says, in the region of the stomach. Upon examination, we find a tumor, small and quite hard, on a line with the ensiform cartilage, and extending a little to the left. His attention was directed to this tumor about six weeks ago, but all this time he has been at work, was able to walk to the hospital five days ago; is not troubled with indigestion; no vomiting; costive bowels many years, relieved by food; sleeps well; goes up and down stairs with but little difficulty. Looking at present appearance, I should suspect some heart trouble. You perceive the peculiar whiteness of his skin, the edema of the lower extremities. Percussion reveals no morbid enlargement of the liver; stomach-sound natural. Upon putting my ear to the chest, I find a purring noise, indicating valvular trouble. I should not be at all surprised if there was dilatation of the aorta; not perhaps a distinct aneurism, but some enlargement. All we can do is to make the man comfortable. Keep him quiet. Administer camphor-water and morphia to allay nervous excitement, and over the tumor place a plaster of belladonna and cantharides. This trouble may all pass away, without our knowing the cause; and, on the other hand, he may die suddenly.

And here we have another blind case. This patient, John M., æt. 28, was admitted three days ago, in this dull, stupid, half-comatose condition. It was impossible, at the time, to learn anything of his antecedent history, and he is now lying just about in the same condition. It is impossible to say how long he may have been sick. You notice the general suffused appearance of his face—still no excessive heat about the head; pulse slow and feeble; no pain; bowels at first costive, now open; quite delirious; no rash; sleeps much of the time. It may be that this will terminate in typhus or typhoid fever, or merely in a case of excessive prostration. We shall watch him closely, and wait until something is developed. Two small blisters have been placed behind the ears, and stimulants are administered freely, with the view of resuscitating his dormant powers. As I said before, watch the bladder, and allow him to sleep, when he seems to be in a quiet natural slumber. My assistant states that there is a little more vivacity to-day, than when first admitted.

University Medical College,
New York, Jan. 10th, 1866.

Medical Clinic of Prof. A. L. Loomis.

Reported by S. Hendrickson.

Protracted Pneumonia with Cardiac Disease.

John G., æt. 16 years, a gas-stove maker by trade, has been sick four weeks. On thanksgiving day he went on a target excursion, was exposed to the wet, and took cold. He was seized with a chill, and a pain and soreness in the chest. He was confined to bed for five days at that time. He has always been somewhat delicate, being troubled at times with palpitation of the heart, and has had a constant cough since his seventh year, which was worse at night while lying down. He has had no hæmoptysis. There is no tubercular disease in his family.

As you look at this boy you see that he has an anxious countenance, and one expressive of disease. His hands as I take hold of them are cold, while the general temperature of his body is somewhat raised. His pulse is quick, small, and beats about 100 per minute; respiration rapid, and somewhat labored; tongue coated, but not dry nor brown.

On examining chest you notice that he is very much emaciated. There is no more depression beneath the clavicles than would naturally result from the general emaciation. His heart is beating tremulously, and as I place my hand over the præcordial region I feel a forcible impulse, and a thrilling sensation is also communicated to it.

There seems to be slight dulness on percussion in the infra clavicular region of both sides, the pitch being a little higher on the right side. The vocal fremitus is about equal on the two sides. By auscultation I get sharp, high-pitched inspiration on both sides, a little more marked on the right than on the left, with no expiratory sound on either side. Posteriorly, I get almost complete flatness of percussion-sound on the right side, extending from the lower border of the lung nearly up to the lower border of the scapula. The limits of this dulness do not change on changing the position of the patient. There is a

slight crepitation heard over this portion of the lung, with a blowing sound on expiration, and an absence of true vesicular sound.

On placing the ear over the heart, a systolic murmur is heard, very plain at the apex, and still more distinct posteriorly, at the inferior border of the scapula.

The location and character of the murmur indicate it to be owing to mitral regurgitation. The cough which he has had since he was seven years of age, we may attribute to the cardiac disease, which has been keeping up a bronchitis. Four weeks ago, as the result of exposure, he got up pneumonia with some pleurisy. The pneumonia, which is now passing into the third stage, or that of resolution, has been much prolonged by the existing cardiac disease. I have fears also that this patient may be developing tuberculosis, but from the existing physical signs, I would not at present make a positive diagnosis of that disease.

Chronic Hepatitis.

G. B., æt. 38 years, has lived in New York city for the past 16 years. He was connected with the army for about a year, when he was discharged from the service on account of disability. While in the army he was stationed in Virginia. He says that while there he had chills and fever, and afterwards diarrhœa, with which he went to the hospital. When the diarrhœa ceased, he had pain in the region of the liver, which lasted some four or five weeks, and then went away. He was not jaundiced at that time. In July last, a year after, he became suddenly jaundiced, and noticed some swelling in the region of the liver, but had little or no pain. He has been jaundiced ever since. When he gets cold he thinks that he becomes more yellow.

This condition at present is well marked. His skin is of a deep yellow color; his conjunctivæ are deeply tinged, and even the mucous membrane under the tongue presents the same tint. His capillary circulation is very imperfect. There is capillary congestion at various points on the surface of the body. The temperature of the body is below the normal standard. His pulse is very feeble, and slightly accelerated. As you look upon him while he is lying upon the bed, you notice a slight prominence in the epigastric region. The left lobe of the liver is enlarged. It extends downward nearly to the umbilicus. It is not modulated, nor yet is it perfectly smooth to the touch. There is a good deal of tenderness on pressure. The spleen I find is also somewhat enlarged. The heart and lungs are healthy.

Icterus or jaundice, is not a disease, but only a symptom. It may be due either to obstruction or suppression of the bile. Among the obstructive causes, giving rise to jaundice, may be mentioned the passage of a gall stone, inflammation of the ductus communis choledochus, violent vomiting, etc. Suppression of the elimination of bile may arise from acute hepatitis, fatty degeneration, or albuminoid degeneration. Sometimes, though not as a rule, we have jaundice with cirrhosis of the liver. When we have inflammation, giving rise to degenerations, and preventing the secretion of bile by destroying the liver cells, then we have the poisonous elements of the bile passing into the circulation, and giving rise to symptoms of cholæmia. It has been suggested by some that blood-poisoning caused by bile circulating in the system, ought to be called cholestræmia, but I think that the reason for the use of the term is not clearly shown.

The diagnosis which I would make in the case of this patient is that of chronic hepatitis. The prognosis I think is not unfavorable, as far as life is concerned, but the jaundice is very likely to be persistent.

As regards treatment, I am rather skeptical as to whether much good can be obtained from any. The jaundice may in time disappear spontaneously. In a similar case, which I had under my care, I tried almost everything which suggested itself to my mind without avail. I used counter-irritation over the liver by cups and blisters, and the internal use of mercury and iodine with no apparent effect. We will, however, put this patient upon the use of the iodide of mercury, and watch its results.

Medical Societies.

ONE HUNDREDTH ANNIVERSARY OF THE MEDICAL SOCIETY OF NEW JERSEY.

Held at the city of New Brunswick, N. J., January 23d and 24th, 1866.

FIRST DAY.

The Society met Tuesday, January 23d, at 11 o'clock, A.M., in the chapel of Rutger's College, Dr. Abraham Coles, the President, in the chair. The minutes of the last meeting having been read and approved, and the various business committees having made their reports, the

Reports of Delegates

to other societies were presented.

Drs. S. H. Pennington and R. M. Cooper reported that they had, according to appointment, attended the meeting of the *Massachusetts State Medical Society*, and expressed themselves highly gratified with the cordial welcome and attention shown to them. After speaking of the various topics presented before the Society, that report goes on to say that one of the distinguishing features of the Society was its munificent pecuniary endowments, from whose revenues an annual income is insured, by means of which it is enabled not only to publish its transactions and those of its tributary societies, but to offer the most liberal prizes for the encouragement of original scientific investigations, and carry successfully forward any enterprise fitted to advance the prosperity of the Society.

Dr. J. W. Hunt presented a similar report as delegate to the *New York State Society*, which he

stated was one of the most active in the United States, and exceeding in number probably any similar medical organization. Dr. Hunt specially mentions the ophthalmoscopic demnostrations of Dr. H. D. Noyes before the Society, and suggests that the example might well be imitated by the New Jersey Society, to invite gentlemen who have made a special study of some particular branch of medical science, to read papers or addresses before it, as highly conducive to a better understanding of these subjects by the general practitioner.

Dr. Ezra M. Hunt read a report on behalf of the delegates to the American Medical Association, giving a synopsis of the doings of that body.

All these reports are unanimous as to the cordial and liberal manner with which the delegations were received and entertained in the respective localities.

Report of Scientific Committee.

Dr. Coleman, on behalf of this committee, read a paper entitled "*Propositions and Conclusions with regard to Malaria.*"

He agrees with the common opinion founded on long observation, that

The cultivation of new lands is unhealthy; that clearing up a swamp causes for a few years sickness near it.

That overflowing meadows, for mill purposes, is a cause of sickness.

That floods, which submerge uplands, and leave pools in grass and grain fields, and scald, as it is commonly called, the plants, generate bilious fevers.

That unusually hot and dry weather, which shrivels vegetation, and causes it finally to perish, causes dysentery.

That plants sprouting and germinating on shipboard, in cellars, in darkened recesses, and small, shaded gardens of cities, without the light and air their nature requires, generate typhoid and other diseases of a putrid character, and which are communicated from individual to individual, in an atmosphere that favors a low viltality.

The conclusion at which Dr. C. arrives is, that malaria is a product of diseased action in vegetables. That it is eliminated by their perverted functions, as infectious matter is in animals; that it is volatile or gaseous in its state of diffusibility, that it enters the lungs with the air we breathe, that it deranges the affinities of the elements of the blood, and poisons the whole system through that fluid, and that the amount and kind of deterioration, and the organs that suffer most, determine the specific character of the disease.

Report of Standing Committee.

After fitting allusions to the occasion of the 100th anniversary, and the return of peace since the last meeting,

Dr. Wickes, chairman of the Committee, gave a comprehensive and instructive synopsis of the reports of the various district Societies.

Malarious Tendency.

Although it appears from the district reports that the general health has been good during the year, and that no epidemics of a severe kind, or of general prevalence, have occurred, yet there seems to have been a more general tendency to intermittent and remittent fevers, than in many years before. In some counties this is attributed to the upturning of the soil by rail-road and other improvements, for instance, in Hudson county. The Reporter of Passaic county attributes the prevalence of remittent fever during the autumn, to the heavy falls of rain during June and the early part of July, overflowing streams and swamps, and followed by a drought, giving rise to the decay of much vegetable matter.

In Essex and Union counties this same tendency has been observed. In Elizabeth, Millburne and vicinity, an epidemic of dysentery prevailed, which was almost invariably of an intermittent type. In the Orphan Asylum of Elizabeth, among nearly 40 children, all have shown a tendency to the disease. As a general rule, this class of diseases was generally mild, and yielded to ordinary treatment with antiperiodics. Two fatal cases are reported, where the brain became affected early in the disease.

From Warren, Camden, Cumberland, Bergen, and Salem counties, similar facts as to the prevailing tendency to malarious fevers are reported.

Relation of the Malarious Tendency to Cholera.

In regard to the more general diffusion—remarks Dr. Wickes—of this form of disease, as detailed by the Reporter, the fact is very noticeable that it has appeared not only in the swamps and low places, favourable to the production of malarious influence, but on high and hilly districts, where the soil and surrounding influences are ordinarily healthy.

This prevalence of intermittent disease becomes of special notice in connection with the apprehended invasion of Asiatic cholera, when the fact is recalled that the same epidemic intermittent influences were marked from 1828 to 1832, when cholera first visited this country. There would seem to be already some premonitions of the complication of diseases of the bowels in the dysenteric and choleraic tendencies, as reported in some of the districts of the State.

Dr. Coleman, of Burlington, has observed numerous cases of dysentery and cholera morbus, exceedingly aggravated, with "violent cramps of the stomach and extremities, feeble pulse, and clammy skin, approaching in violence Asiatic cholera, and inducing a dread of its near advance as an epidemic."

Dysentery

seems to have prevailed more or less throughout the State during the year.

Diphtheria

occurred in limited districts, but not as an epidemic, nor with much severity of form. The

treatment as detailed, corresponds with that of former years. The Reporter for Monmouth, in writing upon the treatment, remarks that the local treatment should be simple, and that in his experience local applications should be very simple, otherwise they will do more harm than good. He regards mild gargles as advantageous, and recommends, as superior to all others, the *permanganate of potassa;* used both as a gargle and internally. The beneficial results from chlorate of potash he has found much overrated.

Cerebro Spinal Meningitis

has occurred in a few localities, but invariably sporadically. The Reporter for Monmouth recommends opium during the inflammatory stage, and after its subsidence, quinia. In Somerset children suffering from fevers presented symptoms of affection of the cerebro spinal system. Beside delirium, impaired power of motion, coolness of surface, diminished secretions, etc., a prominent symptom was *speechlessness*. The power to articulate did not return until the second week of convalescence; the child's voice would be clear and strong, and it could scream, but not *articulate*.

Scarlet Fever

was limited in its prevalence throughout the State; so also *Rubeola*.

Use of Stimulants.

Acknowledging that the prevailing type of disease at present—indeed since 1832—is asthenic, and requires sustaining and supporting treatment as a general rule, still Dr. Wickes remarks that the impression is quite general among the members of the profession, that stimulants now so freely prescribed, and so generally used, in the now most approved form of Bourbon whisky, both with and without medical counsel, are being employed too generally and indiscriminately, either for the arrest of disease or the well-being of the sick.

The remainder of Dr. Wickes' able report is devoted to a consideration of the history, and status, and general position of the profession of the State, and biographical sketches of members deceased during the year.

Committee on Sanitary Matters.

Dr. Hunt offered the following resolution:

Whereas, there are matters relating to sanitary, hygienic and charitable provision for the citizens of the State, which, in the opinion of the Medical Society of New Jersey, merit the attention of our State authorities, therefore,

Resolved, That a Committee of five be appointed to present, on behalf of the Society, in such form as they deem proper, the subject for executive and legislative consideration.

Dr. Hunt, in a few forcible remarks, urged the adoption of this resolution, as demanded by the condition of Sanitary affairs in the State,—various matters demanding attention, such as vaccination, the proper care of the incurable insane, quarantine, etc.

The resolution was adopted, and Drs. Hunt, Blane, Stratton, and Coleman appointed such committee.

Treasurer.

Dr. English, in presenting his report, remarked that it was now within a few months of thirty years since he had the honor of being elected Treasurer of the Society, a position which he had held ever since, and respectfully declined a further nomination to the position.

Next Meeting.

Dr. Pierson moved that the next meeting of the Society be held on the 4th Tuesday of May, 1867, at Newark, N. J.

Dr. Swinburne, delegate from the State Medical Society of New York, after presenting the congratulations of the medical Society of which he was a delegate, presented some considerations on the subject of quarantine, asking that the Medical Society of New Jersey take an interest in the subject of the proper location of quarantine.

Recording Secretary.

Dr. Wm. Pierson, who has served in the capacity of Recording Secretary of the Society for over thirty years, tendered his resignation.

Dr. Stevenson offered resolutions of respect for the Treasurer and Recording Secretary, retiring, which were unanimously adopted by the Society rising.

Officers.

The nominating Committee reported the names of the following gentlemen, as officers of the Society for the ensuing year, who were elected:

President—B. R. Bateman.
1*st Vice President*—J. C. Johnson.
2*d* " " T. J. Corson.
3*d* " " W. Pierson.
Recording Secretary—Wm. Pierson, Jr.
Corresponding Secretary—C. Hodge, Jr.
Treasurer—H. R. Baldwin.
Standing Committee—Drs. S. Wickes, of Orange, N. J., Ch. Hasbrouck, F. Gauntt.

The Society then adjourned till 11 o'clock next day, for the centenary exercises.

Evening Session.

The Society was organized in the evening, in the parlor of the Williams House, the President, Dr. Coles, in the chair.

The delegates from other State Societies being called for, Dr. Winthrop Sargeant, of Pennsylvania, responded in a few remarks, followed by Dr. Shrack and others.

Drs. Barrows and Woodward, of Connecticut, responded on behalf of the Connecticut Medical Society. Dr. Geo. A. Fisher, of Sing Sing, N. Y., delegate from the New York State Medical Society, gave a sketch of the history of

the Society of his State. Since 1850 its transactions have been published by the legislature as public documents. But, of late, the Society has found itself brought into competition with some of the irregular medical associations of the State, which have insisted that if the State publishes the transactions of the regular profession, it ought also to publish theirs. This resulted in the publication, by the State, of thousands of volumes, which consist mainly of a tirade against the medical profession, intended for popular distribution. Dr. Fisher spoke of the progress of the profession, the greater prevalence of good feeling among its members, attributing it mainly to the influence of medical organizations.

Diploteratology.

Dr. Fisher further made some interesting remarks on monsters. The subject is an extensive one—much more so than is generally supposed—and has been made the object of minute investigation and research by Dr. F., who is about publishing a work on *Diploteratology*, or double-monstrosities. The bibliography of his labors extends to nearly 300 authorities—scarcely anything in the English language, however, the most voluminous being the work of Laurence, published in 1815, who is still living in London—and includes 15 works of the 16th century, 26 of the 17th century, 68 of the 18th century, 128 of the 19th century, and a number of miscellaneous works. Dr. Fisher's remarks were quite extended, and elicited many enconiums from the members present.

(We expect shortly to lay before our readers a full synopsis of Dr. Fisher's work, from the pen of the author.)

Dr. Fisher, of N. J., late Surgeon of Vol. U. S. A., being called upon, made some interesting remarks on the subject of the medical and surgical History of the war, in course of preparation by the Surgeon-General.

PATHOLOGICAL SOCIETY of NEW YORK.

Meeting, January 10th, 1866.

(Dr. Buck in the chair.)

Villous Cancer of the Rectum; Malignant Tumor of Femur: Sanious Abscess of Bone; Arrest of Development of left side of Heart; Aortic Aneurism, Old Arterites.

Villous Cancer of the Rectum.

Dr. L. Voss presented a specimen of the lower part of the rectum, with the following history of the case. A woman, 32 years of age, had always been healthy, with no hereditary disease traceable in her family, has given birth to several children, and has been regularly menstruated. In the summer of 1864 she lived on Staten Island, and had an attack of dysentery, from which she recovered without any further difficulty of defecation. Nine months ago she commenced to have some trouble about the rectum.

Dr. L. Voss did not see her until some time in November last. She was then much reduced in strength and flesh. On introducing the finger into the rectum, about three-quarters of an inch above the anus, an ulcer was detected, with hard margin, easily bleeding, and giving much pain; the whole circumference of the rectum being affected, with the exception of a small portion of the right posterior wall; upward the disease extended 2½ to 3 inches. No stricture or contraction of the rectum was present. Prof. Bedford also examined the patient, and an operation was proposed and accepted. It consisted in pulling down the rectum, extirpating the entire mass of tumor, and then attaching the upper part of the gut to the lower edge of the wound by sutures. The patient did very well until the fourth day, when peritonitis supervened, and she died on the sixth day. If it had been possible to keep her properly under the influence of opium, Dr. Voss thought she might have recovered.

On microscopical examination the diseased mass presented the elements of villous cancer. Hæmorrhage during the operation had been slight.

Dr. L. Baner regretted that a post-mortem examination had not been made to determine if cancerous developments did not exist higher up in the intestinal canal and in other organs. Such had been the case in one instance, very similar to the case just related, which had fallen under his observation.

Malignant Tumor of Femur.

Dr. Voss presented another specimen—*malignant tumor* of femur. The patient was 19 years old, and had died last Sunday. He was first seen by Dr. Voss on New Year's day. Had been a youth of slender and rapid growth, but with no previous disease of a serious nature, nor any diathetic antecedents.

Four months ago he commenced to have pain in the upper part of his thigh; he was unable to walk for a period of six weeks, and at first treated for hip-disease by elastic extension. When Dr. Voss received him under observation, he soon satisfied himself that the joint was free; but the patient was much emaciated, had high fever, pulse 124—136, there was slight œdema of the left lower extremity (the side affected) and a certain degree of fulness below the greater trochanter. The abdomen was carefully examined, but no disease could be detected, nor was there any swelling of the glands. There was no difference in the shape or length of the gluteal folds. There was a crackling sound, on passing the fingers and hand over the portion of the thigh which showed fulness below the trochanter, like the sound of air from emphysema, but no decided tumor could be detected. It was thought that the case might be one of deep-seated inflammation.

An incision was made and nothing escaped but blood. But on passing the finger into the wound, as far as it would go, it came in contact with a mass, giving the sensation of coagulated blood, and the bare bone was reached, denuded of its

periosteum. The case being at once recognized as one of cancerous malignant tumor of the thigh, the wound was closed, and simple dressings applied. The patient died a week afterward without any change having taken place in the wound.

The bone was so fragile that it had been broken in handling the corpse. The disease seems to have had its starting point from the inner, posterior wall of the medullary canal. Microscopical examination showed the tumor to consist of a slight stroma, with an abundant mass of cancer cells of every shape, containing 3-4 nuclei. Properly speaking, the case was one of fungus hæmotodes of the medullary structure of the thigh-bone.

Sanious Abscess of Bone.

Dr. Hutchison presented the specimen, and related the history of a case of sanious abscess of the humerus, situated in the shaft of the bone but near the cancellated extremity. The case was at first supposed to be necrosis; on cutting down upon the bone, however, and removing a conical segment, the absence of any sequestrum, etc., and the escape of sanious pus showed the true character of the disease—sanious abscess of the bone, as described by Prof. Markoe.

Arrest of Development of Left side of Heart.

Dr. L. Smith presented the *heart*, etc. of an infant, which had died five hours after birth. The mother states that she has two healthy children, respectively 14 and 16 years of age.

The infant cried vigorously, shortly after birth, but soon became livid, cool, respiration slow, and died. The *post-mortem* examination showed extensive malformation of the thoracic organs. The lungs were in a state of atelectasis. The left side of the heart was merely rudimentary; there was hardly any appearance of a left ventricle, the cavity of which would scarcely hold a pea; the aorta was diminutive. The right side of the heart was natural, but somewhat larger than normal. The right auricle and ventricle had to perform the whole function of the organ, which, of course, led to death. There are two similar cases on the records of the Society, one of Prof. Clark in 1855, and one of Dr. Dalton in 1856.

Aortic Aneurism; Old Arteritis.

Dr. Draper presented specimens and related the history of a case, as follows:

Patient was a man, 40 years of age, who had always enjoyed good health until five years ago. He had led an active life, having been in the gold diggings. Five years ago he returned from that occupation, and was engaged in New York as a book-keeper. His health since that time was not as good as usual, but he had never complained of palpitation or pain in the chest.

About four days before he entered the hospital he felt apprehensive that something would happen to him, and so expressed himself to several of his friends. On the day of his death, after leaving his place of business, he fell and fainted in the street, and was brought to the hospital, complaining of great exhaustion and coldness, but no pain. When his chest was examined a systolic cardiac murmur was heard at the base of the heart; there was no radial pulse on the right, and the veins on the left side were enlarged. Dr. Draper saw him in the afternoon—pallid, feeble, no radial pulse, and the same systolic murmur, whose extent was more diffused than in ordinary disease of the valves. He suspected an aneurism which had burst, with limited hæmorrhage. The heart-beat was regular. Perfect rest was recommended. About two hours later, when sitting up temporarily to take a little food, he suddenly fell dead.

The *post-mortem examination* revealed, on removal of the sternum, the pericardiac cavity filled with about two pounds of coagulated blood. About an inch above the valves, there was a rupture through the internal coat of the aorta, and about three inches from the valves another rupture through the rest of the coats. There was also a rupture through the visceral pericardium. About three inches from the valves the vessel showed the appearance of an old cicatrix, the result probably of an old arteritis, which must be considered as the starting point of the disease. Dilatation took place in consequence, with insufficiency of the valves, and of course also dilatation of the left ventricle.

Editorial Department.

Periscope.

Amputation, Disarticulation, and Resection Statistics of the Confederate Army.

The *Richmond Medical Journal* reprints from the *Confederate States Med. and Surg. Journal* the following statistics:

Amputations of the thigh: whole number, 507; primary, 345; recovered, 213; died, 132; 38 per cent. Secondary, 162; recovered, 43; died, 119; 73 per cent.

Amputations of the Leg; whole number, 464; primary, 314; recovered, 219; died, 95; 30 per cent. Secondary, 150; recovered, 76; died, 74; 49 per cent.

Amputations of the arm: 434; primary, 294; recovered, 252; died, 42; 14 per cent. Secondary, 140; recovered, 87; died, 53; 37 per cent.

Amputations of the fore-arm: 114; primary, 69; recovered, 61; died, 8; 12 per cent. Secondary, 45; recovered, 35; died, 10; 22 per cent.

Disarticulations: 135; primary shoulder joint, 79; recovered, 54; died, 25; 31 per cent. Primary elbow-joint, 4; recovered, 3; died, 1. Primary wrist-joint, 7; recovered, 5; died, 2. Primary hip-joint, 3; recovered, 1; died, 2. Primary, knee-joint, 5; recovered, 2; died, 3. Secondary shoulder-joint, 28; recovered, 8; died, 20; 71 per

cent. Secondary elbow-joint, 3; recovered, 3; died, 1. Secondary knee-joint, 6; died, 6.

Resections: 130. Primary shoulder-joint, 41; recovered, 28; died, 13; 27 per cent. Primary elbow-joint, 25; recovered, 22; died, 3. Primary wrist-joint, 2; recovered, 2. Primary knee-joint, 2; died, 2. Secondary shoulder joint, 26; recovered, 19; died, 7; 21 per cent. Secondary elbow-joint, 29; recovered, 23; died, 6. Secondary wrist-joint, 1; recovered, 1. Secondary hip joint, 2; recovered, 1; died, 1.

Amputations of the foot: primary—Chopart's, 16; recovered, 13; died, 3; Symes', 2; recovered, 2; Pirogoff's, 4; recovered, 2; died, 2. Secondary—Chopart's, 8; recovered, 7; died, 1; Symes', 4; recovered, 4, (1 unsuccessful, requiring subsequent amputation above the ankle.)

A general summary of the above table shows that the mortality after 1814 operations, including amputations, resections, and disarticulations, amounted to 632, giving a death ratio of 34 per cent.

Sesquichloride of Iron in Diphtheria.

From the proceedings of the Buffalo Medical Association, as published by the Secretary, Dr. F. M. Johnson, in the *Buffalo Med. and Surg. Journal*, we extract the following:

Dr. Gay called attention to the use of the sesquichloride of iron, in diphtheria and diphtheritic sore-throat. He had, during the last few months, prescribed it frequently in diphtheritic disease with excellent results. Had made use of it in a solution, consisting of xx. grs. to an ℥ of glycerine, to be given in drachm doses.

Dr. Rochester expressed himself similarly. He had used it both as a local and constitutional remedy, and could speak highly of it as a remedy in the class of cases mentioned.

Identity of the Origin of Diabetes, Gravel, and Albuminuria.

The essential points of a treatise, which Dr. Rouband submitted to the Paris Academy, under the title, "The Identity of the Origin of Diabetes, Gravel, and Albuminuria," may, according to *L'Union Médicale* and *Mediz. Nenigkeiten*, be stated as follows:

1. Gravel, Diabetes, and Albuminuria are not diseases of the urinary apparatus.

2. The anatomical lesions, which are found in the urinary organs during the course of these diseases, are in the majority accidental or sequels of these affections.

3. The etiology of these three affections is to be found in a general cause—namely, in the blood.

4. This alteration of the blood consists in an excessively increased production of uric acid, which as it operates in its insoluble state either upon the sugar or the albumen of the blood, give rise sometimes to formation of concrements, sometimes to diabetes, at other times to albuminuria.

5. The excessive excretion of uric acid, *i. e.* the evolution of the uric acid diathesis, is to be referred to disturbances of digestion or nutrition, in consequence of which the albuminous products are subjected to incomplete combustion.

Reviews and Book Notices.

MEDICAL AND SURGICAL HISTORY OF THE WAR.

We have received from the Surgeon-General's office at Washington, under the name of a Circular, a quarto, paper-bound, of 166 pages, handsomely printed and illustrated. Its purpose is to give information in regard to the materials on hand and in use for the preparation of the full history of the work of the Medical Staff of the United States Army during the late war.

The amount of materials, both for record and illustration, is enormous. The Reports from Surgeons and Assistant Surgeons count by thousands. The Army Medical Museum contains 5480 specimens. The battle-field lists of wounded for 1864—5 include over 114,000 names. Sixteen thousand operations are definitely recorded. At first this vastness of the task of collation seemed discouraging. In 1863 an official Report to the Surgeon-General declared "the surgical statistics of the war absolutely worthless" previous to September, 1862. More successful scrutiny of them, however, has since been made, and Surgeon Otis has, by sagacity and untiring industry, brought order from chaos. This circular alone, although only an announcement of what is being prepared, is a valuable treasure of new and important facts in practical surgery and medicine.

A few of its leading statements may be quoted here. Of grave gun-shot injuries of the head, 1104 cases are recorded; of 604, the results are fully known. Of these last, in 107 trephined, 60 died and 47 recovered; in 114 who had fragments of bone or foreign bodies removed by the elevator or forceps without trephining, 61 died and 53 recovered. Of those treated by expectancy, a greater mortality occurred; but these were usually the worst cases in themselves.

2303 wounds of the chest, involving penetration of its cavity or lesion of the thoracic viscera, are tabulated. Of 1272 whose results are known, 930, or 73 per cent., were fatal. Intercostal hæmorrhage is said to have been exceedingly rare. The result of "hermetically sealing" penetrating wounds of the chest, is said to have proved, in every case but one, bad. Very few recoveries with balls lodged in the lungs are recorded. Four cases of gun shot wounds of the heart came under treatment. One survived 12 hours.

Of 543 penetrating wounds of the abdomen, results were ascertained in 414, of which 308, or 74 per cent., were fatal. In many, fœcal fistulæ were produced, which commonly closed in time without operative interference. Gun-shot wounds of the liver, in 32 cases, were fatal in all but 4. All reported of the spleen were fatal. Several are believed to have recovered from wounds of the kidney. There were many examples of recovery

after perforation of the body of the ilium; but the observation of Stromeyer is confirmed, that there is great liability to pyæmia in gun-shot fractures of the pelvis.

Of the humerus, 2408 cases of gun-shot fracture are recorded. Recovery in 1253, death in 436; yet undetermined, 719. Of 1689 completed cases, amputation or excision was practised in 996, conservative treatment in 693; with a mortality of 21 per cent. in the former, and 30 per cent, in the latter.

Of the lower extremities 4862 gun-shot fractures were reported; more than a thousand of them being fractures of the femur, of which the whole history is known. The only recorded recoveries where the hip-joint was involved, are those in which excision of the head of the femur was practised. In fractures of the upper third of the femur, the mortality rate is greatest for amputations. Under conservative measures 93 are considered to have recovered, having survived more than a year. The mortality after amputation for gun-shot wounds of the knee is large. Three patients recovered from wounds affecting the knee-joint without amputation.

The great danger attending gun-shot contusions of long bones, is adverted to; they are often worse than comminuted fractures.

The number of sabre wounds reported in three years was only 105; of bayonet wounds in the same time, 143. Of these, two-thirds were received in action. After the first battle of Bull Run, several of the wounded left upon the field were bayoneted by the rebels. A man, brought afterwards to Georgetown, received fourteen stabs. A similar instance occurred after the battle of Fair Oaks. Later in the war such atrocities were infrequent.

Of traumatic tetanus, 363 cases appear on the register; not a large proportion to the whole number of the wounded. Twenty-seven recovered; of which all but four were designated as chronic cases. The influence of vicissitudes of temperature in promoting tetanus was repeatedly observed.

Secondary hæmorrhage from gun-shot wounds has been recorded in 650 cases. In the earlier part of the war, many surgeons seem to have resorted to ligature of the main trunk at a distance from the wound. Later in the war, the precepts of Bell and Guthrie were more nearly followed; it being the universal practice to endeavor to secure both ends of the blood-vessel at the seat of injury.

Pyæmia is reported upon in 754 cases, of which 719, or more than 95 per cent. were fatal. This complication occurred in 377 gun-shot injuries without operation, and after 295 cases of amputation, 155 of which were of the thigh. These figures are not, however, considered to represent the frequency with which pyæmic poisoning has occurred; its victims are to be counted really by thousands. In the treatment of pyæmia, the conclusion is said to be, from statistical reports, against the utility of the sulphites and hypo-sulphites.

Of all the operations reported as performed in the army during the rebellion, elaborate tables are in preparation, as well as further accounts of details. Several summaries are given in this circular. Thus, of amputations for gun-shot injury, among 13,397 recorded, final results have been ascertained in 9,705. A table shows remarkably the regular increase of the rate of mortality as the trunk is approached. Thus, it is .75 or three quarters of one per cent. for the toes, 1.6 per cent. for the fingers; wrist, 5.55; partial of the foot, 9.24; ankle-joint, 13.43; fore-arm, 16.52; arm, 21.24; leg, 26.02; shoulder-joint, 39.24; knee joint, 55.17; thigh, 64.43; hip-joint, 85.71. Amputation at the elbow-joint was performed in 19 cases, with recovery in all.

Of partial amputations of the foot, that of Hey or Lisfranc (tarso-metatarsal), was performed 25 times; Chopart's, 45 times. At the ankle-joint, though the records are not complete, Symes' method was practised in 25 cases, Roux's in 2, and Pirogoff's in 9. It is said, on good authority, that the last-named operation has been abandoned by Pirogoff himself, from the frequency of necrosis in the segment of the os calcis.

In the leg, Lenoir's operation, just above the malleoli, though seldom resorted to, has had good results, and a surprisingly small mortality. Larrey's through the head of the tibia, has been rarely done in our army. Amputation at the knee-joint has been frequently performed, and with encouraging results. The per centage of mortality, in primary cases, was 34.9. That of primary amputations at the lower third of the thigh is much larger than this. Thus the opinion of Legouest, based upon Crimean returns, that disarticulation at the knee is "a bad operation," is unsustained, and that of Macleod, Baudens and Malgaigne, in its favor, is upheld. Of primary amputations of the thigh, in our war, 423 cases being fully recorded, the mortality was 54.13; of intermediate or secondary, 638 cases, mortality 74.76.

Amputation at the hip joint was performed 23 times for gun-shot injury, with 4 recoveries. Another successful case also occurred, of disarticulation for disease of the femur, following a previous amputation; making 5 recoveries in all after this operation. It is judged that three conditions only make this amputation admissible in military surgery, viz.: when nearly the entire thigh is carried away by a large projectile, when the whole femur is destroyed by osteomyelitis, and, possibly, when, with comminution of the upper extremity of the femur, the femoral vessels are wounded. Roux's experience in the Italian war shows that secondary amputations at the hip-joint are less dangerous than primary ones. As to the method, the anterior flap is generally, of late, preferred.

Excisions or resections have been largely resorted to in the late war. That of the elbow gave a mortality of 21.67 per cent., which is a fraction greater than that of amputation of the arm. This is opposed to the Schleswig-Holstein and Crimean experience. Surgeon Otis commends the operation as one of happy results, well established.

Of the shoulder-joint, excision has been followed by a mortality of 23.3 per cent., in primary cases, and 38.59 in the secondary; mean mortality, 32.48; which is 6.76 per cent. *less* than that of amputation at the same joint. Of 36 cases of gun-shot fracture of the head of the humerus, selected as favorable for expectant treatment, the mortality was 44.4 per cent., or 11.96 more than after excision.

Of excision of the ankle joint, tibio-tarsal or tarsal only, 22 were recorded; of which, in 18 terminated cases, 12 recovered and 6 died. The conclusion is, that "the judicious use of the gouge and bone forceps is admissible in gun-shot wounds of the ankle joint; but that formal excisions are rarely successful."

Prior to the late war, but seven cases were upon record of excision of the knee for gun-shot injury, of which two were followed by recovery. During the rebellion, this operation was performed eleven times, always with bad results.

The head of the femur had previously been excised twelve times, with one success. During the war it was excised thirty-two times, with four recoveries; although in one case, which was treated by a Confederate surgeon, it is doubtful whether the head of the bone was removed or not.

Analysis has not yet been completed of the materials for the history of resections of the long bones in their continuity. So far as examined, their evidence is, on the whole, "unfavorable to excisions in the continuity." It is also remarked that "the great surgeons who have done the most towards substituting excision for amputation in gun-shot injuries at the joints, have almost unanimously condemned excisions of the continuity of the long bones in the treatment of gun-shot fractures. The surgical histories of the Crimean war, of the Schleswig-Holstein campaigns, and of the Indian mutiny, record a few successes in resections of the shafts of the humerus, the tibia, and the bones of the forearm; but this class of operations could scarcely be considered as admitted among the established and approved procedures of surgery."

Ligation of the common iliac artery was performed during the war three times, with no recovery. Of the internal iliac, twice, both terminating fatally. The external iliac was tied sixteen times, with two recoveries. Simpson's method of acupressure for the arrest of hæmorrhage, was practised in a few cases, with good results. Among other operations, tracheotomy, or laryngotomy, was resorted to fifteen times during the war, with six recoveries.

Surgeon Otis gives, in this circular, an interesting account, illustrated, of the "Materia Chirurgica," and the organization of the medical staff of the army. In his concluding observations, it is stated that anæsthetics have been used, during the war, in 23,260 operations, in field or hospital. Sixty per cent. of these cases were of the use of chloroform, thirty per cent. of ether, and ten per cent. of a mixture of the two. After ether, no fatal accident is reported. Chloroform was used in not less than 80,000 cases, in seven of which death was ascribed to it. In two, at least, this took place before the operation commenced; one of them having inhaled two drachms of chloroform.

It is estimated that two large quarto volumes will complete the surgical history of the war. Our study of his portion of this preliminary work, gives us the opinion that Surgeon Otis is well qualified for the task of preparing it, both by his industry and discrimination.

Assistant-Surgeon Woodward has already given to the profession and the public a very interesting volume upon the "Camp Diseases of the Army" during the war. This, and a circular issued some time since, in regard to the "Sickness and Mortality of the Armies of the United States," have left less room for the appearance of novelty in his share of the circular before us, than in that of his coadjutor. It has, nevertheless, great value, as, in fact, a *Treatise* upon the diseases of the war; and also, giving an account of the Army Medical Museum, and of the elaborate and very efficient arrangements of the Surgeon-General's office, under Dr. Woodward's immediate direction, for the full illustration of everything connected with disease in the army. This circular contains a beautiful specimen of chromo-lithography, a process largely used in the work, and an admirably engraved copy of a micro-photograph, also executed for the purpose by the artists of the department.

Then follows a fully and handsomely illustrated and well digested history of the Hospital Organization of the war. The maximum extent of this was reached in September, 1864, when there were, scattered through the country, 202 general hospitals, with 136,894 beds for patients. In January, 1865, there were but 121,000 beds.

Assistant-Surgeon Woodward anticipates the completion, at no very distant time, of his part of the work, the Medical History of the War, in three quarto volumes. When these, and those upon the Surgery of the rebellion, already alluded to, are published, we may well look for their being received as the most magnificent contribution to practical surgery and medicine ever furnished, by any individuals or government. Slight compensation, alas! for all the suffering which they depict; but, when we remember that this, too, has not been in vain, having accomplished so great a national deliverance, we may, without inhumanity, congratulate our profession upon the possession of such trophies of its share in the pains and dangers of the terrible conflict.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 3, 1866.

SANITARY REFORMS AND THE PROFESSION.

Everywhere in this country a deep feeling seems to have taken hold of the medical profession, that the time has come when it must exert its influence for sanitary improvements and reforms, in a manner more thorough and efficient than has hitherto been the case. Our medical exchanges and the papers of the day are full of resolutions passed by medical Societies; and we hardly know of any city of considerable size, in which a medical committee has not been formed, to consult with municipal authorities, and urge sanitary improvements.

From the proceedings of the Medical Society of New Jersey, which we publish elsewhere, it will be seen that a committee on sanitary affairs was appointed to bring such subjects as demand legislative or executive action to the notice of the State authorities. This is as it should be. New Jersey has been the only State during the war, we believe, which had no Surgeon-General, or chief medical officer, to take care of the medical interests of her troops; it is the only State, except some of the new western States, which has not a *single public Hospital* in its limits, except the almhouses, which generally are miserable affairs, and the Hospital for the insane, which is not large enough, with no provision for the incurables. The registrations of births, deaths, and marriages are so carelessly made, and the provisions of the law regarding them so inefficient and unjust, that no reliance can be placed on the vital statistics of the State. These, and other matters, will properly come before the committee, and we wish them success in their appeals to the authorities to place the sanitary affairs of the State on a better footing.

One thing, however, it is necessary to bear in mind, always, when medical committees go before public authorities. They are generally, from the outset, besieged by politicians, sometimes medical politicians, who, with sundry axes to grind, endeavor to control the action, and pervert the resolutions of medical men to benefit their own schemes. We have recently seen a fine example of this in the use made by the Boston merchants of the resolutions of the Boston physicians, and we cannot be too cautious in shaping our words and actions, as public advisers on sanitary matters. And especially will this be the case in New Jersey, where it is seldom that a medical committee goes before the authorities; and where, in regard to at least one important question—that of quarantine—the most absurd notions are held,—for "opinions" would be too dignified a term to characterize the crude theories and rambling talk which meet one everywhere in New Jersey, when the word quarantine is mentioned.

However, we have no fear that the action of the present Committee, under its able chairman, Dr. Hunt, will be anything but conducive to the true interests of sanitary improvement and reform.

QUARANTINE AND THE MEDICAL SOCIETY OF NEW JERSEY.

There is one point in the proceedings of the Medical Society of New Jersey, which we must honestly confess not to understand at all. Dr. Swinburne, a delegate from the New York State Society, and also occupying the position of Quarantine officer of New York, was present at the meeting, and made some remarks on the subject of quarantine. These remarks fell upon the ear of the Society as dead as if they had been spoken to the assembly in a foreign tongue. Evidently there can be but one interpretation of this utter silence,—that New Jersey has no interest whatever in the matter. Is that the opinion of the medical profession of New Jersey? Common courtesy would have demanded that some notice at least should be taken of the remarks of a delegate from a neighboring State.

The counties of Hudson, Bergen, Essex and Union, all bordering on the waters of New York, contain *one-fourth* of the population of the whole State. The number of railway trains, with passengers from and to the city of New York, to and through these counties, is over *two hundred* per day; and this fact alone is a sufficient answer whether New Jersey is interested in a quarantine which shall protect the city of New York from epidemic invasions, and for this reason the silence maintained by the Society, under the circumstances, remains utterly inexplicable.

HOMŒOPATHY AND PUBLIC HYGIENE.

In the discussion before the Legislative Committee on the New York Health Bill, Mr. Goodrich, of Brooklyn, urged that *homœopathy* should have a show in the Board, by the appointment of at least one commissioner of the four, for that school of medicine.

We would say to Mr. Goodrich, that *homœopathy* has had a show for many years in the sani-

tary administration of New York, for, we have never known the remedies applied there for cleaning the streets, the removal of nuisances, the repair of defective sewerage, except in the most diluted *infinitesimal* doses. What is needed are not little homœopathic wheelbarrows, but big, "allopathic" four-horse teams, to remove the dirt and filth from New York city.

MEDICAL JOURNALISM.

In 1860 there were not less than forty medical Journals published in this country. During the years of trial through which the country has since passed, the number dwindled down to ten or twelve. Since the close of the rebellion there has been, notwithstanding the continued high price of paper and printing, a manifest disposition to increase the number again, and it promises soon to equal that attained in 1860. Whether the publication of so many journals will be profitable to the profession is, to say the least, a matter of grave doubt. Whether they will be *sustained* by the profession, remains to be seen. Judging by the past, we can say, without hesitancy, they will not. Out of the legion of medical journals that have had an existence during the past fifteen years, but five or six—including the journals of Pharmacy and Insanity—have pursued a steady, undeviating course for that length of time.

We have recently had occasion to announce several new medical journals as having commenced, or issued proposals to commence publication. A new candidate for professional support comes to us from the West—the *Cincinnati Journal of Medicine*. It is a monthly, of forty-eight pages, at $2 a year—*too cheap* by half, it should have been $3 at least—but that is a matter for its conductors to settle with their pockets, and our experience and observation is, that these appendages generally have bottoms that are soon reached. The *Journal* is edited by Drs. Blackman, Parvin, and Bartholow, professors in the Medical College of Ohio. They are all men of known ability, and are capable of making an excellent medical journal. But to remunerate them for their labors, and enable them to pay for the literary labors of collaborators, and meet their ordinary and *extraordinary* expenses, they will need four or five thousand subscribers. Perhaps they will get them—we certainly hope so.

The initial number is gotten up in a very neat manner, and in point of literary excellence, does credit to the ability of its conductors. It bears the significant motto, "*Arbor cognoscitur fructu.*"

We have also received the announcement of "*The Medical Record,*" to be issued fortnightly, by William Wood & Co., of New York. It will be a twenty-four paged super-royal octavo, and in all respects a first class journal. Dr. George F. Shrady, whose connection with the *Medical Times* added experience to his natural ability, will be the chief editor. The names of the publishers are a guarantee of the financial basis of the new journal. We bespeak for the *Record* a cordial reception and eminent success.

We learn also, that Dr. Bennett Dowler, of New Orleans, proposes to start a new journal in that city.

PHYSICIANS AND "EXECUTIVE BUSINESS CAPACITY."

The Health Bill pending before the Legislature of New York, had a final hearing in the Senate on the 16th ult., the discussion attracting a large number of members of both houses. There was no opposition manifested to the bill, with the exception of a paper from Mr. Sinclair Toucey, a prominent politician. The first objection which this gentleman urges against the bill, is that it provides for the appointment of "four commissioners, *all of whom shall be practicing physicians.*" He thinks there should be *five,* of whom *not more than two* should be physicians, "for the reason that persons other than strictly professional ones would be likely to possess *more practical business capacity* and experience than purely medical practitioners."

Mr. Toucey is very much mistaken regarding the "executive business capacity" of physicians. The very nature of their studies and their practical application, daily and hourly, is such as to lead to systematic work in everything, quick perception, and energetic action, and these constitute "practical business capacity." Of this, we claim, the profession has, if not more, at least as much as any class of citizens, *politicians* not excepted. There is one kind of "practical business capacity," however, which has characterized the management of sanitary matters in New York, in which the medical profession, we agree with Mr. Toucey, is deficient—we mean the capacity of expending enormous sums for sanitary purposes, and leaving the streets as dirty and filthy as if not a dollar had been appropriated for that purpose—the capacity of depleting the public treasury to no purpose, by swindling contracts and mismanagement. In this kind of "business capacity," the non-professional managers of sanitary affairs in New York have been preëminent, and it is high time that legislative action should put a stop to it. Mr. Boole, per-

haps, wants to be one of the "business capacity" commissioners.

Let the people of New York, who have been so long injured and defrauded by non-professional management of sanitary matters, try the virtue of professional men, and we are confident that they will find enough "practical business capacity" there, to make the city what it should long have been, in a sanitary point of view.

Notes and Comments.

Liebreich and the Paris Faculty.

Dr. Liebreich, the celebrated ophthalmologist, some time since removed from Berlin to Paris, where he soon established himself in excellent practice, and became such a favorite in the highest circles, that he was invited to the festivities of the imperial Court at Compiègne, and that the Empress took him under her especial protection, making a visit with him to the Hospital for the Blind, etc.; and the establishment of a special chair of Ophthalmology for Liebreich was seriously talked of. This highly incensed the Paris Faculty, particularly those of its members who occupy the position of teachers on diseases of the eye, and they object to his appointment, because, they claim, according to the laws of France, none can hold such a position, who cannot show the diploma of the University of France, for the possession of which every one has to enter the celebrated *Concours*.

Dr. Liebreich's eminent qualifications no one will deny; but, at the same time, we think the Paris Faculty entirely in the right. It so happens that the influence of the imperial Court in this instance is thrown in favor of a most worthy and eminent gentleman. Suppose Eugenie or Napoleon, however, should choose to bestow their smiles upon a quack, what then? The restrictions imposed by law to exclude all but worthy men from occupying positions as teachers, must never be suspended, and the rights and privileges of the University of France should be above interference by Court caprices. Dr. Liebreich has the privilege the enter the *Concours*, but he has no right to allow himself to be used as a tool to break down the laws which protect the University.

—— Prof. Newton, of Yale College, has gone to Washington for the purpose of submitting to Congress a system of metrical weights and measures, and to aid in endeavoring to secure the passage of a law, establishing that system throughout the States.

Surgical Provision against Railway Accidents.

We publish the following announcement with great pleasure:

"The Atlantic and Great Western Railway Company have organized a surgical department, and appointed Dr. J. T. Ray as Surgeon-in-chief. A surgical corps is to be organized along the entire line from Salamanca to Dayton."

It will be remembered by our readers that Dr. E. S. F. Arnold, of Yonkers, N. Y., has been urging this matter on the attention of the public for several years past, but with little apparent success until now. The fact that an important link in the great trans-continental railway system has adopted his suggestions, will have the effect to encourage him to persevere in his laudable efforts, and induce other companies to establish a surgical corps in connection with their railway systems.

Memorial of Dr. David S. Conant.

We would call the attention of our readers to the chaste and beautiful memorial of the late Dr. Conant, published in this number. It is published at the request of the New York Medical Association, through a committee, of which Dr. Garrish is chairman.

Medical Society of the State of New York.

The Medical Society of the State of New York meets on *Tuesday next*, the 6th of February, at Albany. This is one of the best—we might say *the best*—medical societies in the country, its proceedings being always interesting and profitable. A large attendance is expected.

☞ Dr. J. M. Adler, a prominent and intelligent physician, formerly of Burlington, Iowa, has removed to this city and located at 1028 Arch street. The *Philadelphia City Directory* just published, has done Dr. Adler the injustice to class him as a homœopath. Our readers will please note the error.

Foreign Correspondence.

We have just received a lot of foreign correspondence—too late, we regret to say, to publish any of it in this number. We have two correspondents abroad, who will keep us advised of medical matters in Europe, which, in view of the prevalence of cholera there, and its prospective appearance here, will at this time be particularly valuable and interesting.

—— Homœopathy has signally failed in the treatment of the rinderpest at Norfolk, England, where it was fairly tested.

Correspondence.

DOMESTIC.

NEW YORK CORRESPONDENCE.

Editor Medical and Surgical Reporter:

The Woman's Hospital,

which, as you are aware, was founded through the exertions of Dr. Sims, over ten years ago, although limited in its capacity, is still accomplishing a great deal of good in the peculiar field of its operations. Its beneficent influence has been considerably extended since the managers appointed two medical gentlemen as attending physicians to out-door patients. The Board of Managers, officers, and patrons of the Hospital, held a meeting on Wednesday last, at which the reports of the Treasurer and Surgeon were received. At a preliminary meeting of the Managers, the following Board of Medical Directors had been elected for the present year:

As Consulting Physicians—John T. Metcalfe, (President,) Edward Delafield, Isaac E. Taylor, and Gustavus A. Sabine.

As Consulting Surgeons—Wm. H. Van Buren, Geo. A. Peters, Gurdon Buck, Alfred C. Post, and Thos. M. Markoe.

As Surgeon—Thomas Addis Emmett, M. D., of No. 79 Madison Avenue.

As Attending Physicians to Out-door Patients—T. G. Thomas, M. D., No. 86 Fifth Avenue, and Foster Swift, M. D., No. 46 Thirtieth street.

As Assistant Surgeon—John Gardiner Perry, M. D., No. 83 Madison Avenue.

As House Physician.—W. D. Horton, M. D.

The statement of the Treasurer shows a very encouraging condition of the finances of the institution. At the last annual meeting, the Treasurer showed a balance to the debit of the society of $480 43. During 1865, the receipts from all sources amounted to $13,576 96, and the expenditures and investments $13,528 61, leaving a credit balance on hand of $48 35, and a deposit in the United States Trust Company of $4600.

The report of Dr. Emmett is a full and able document. Of 115 in-door patients, who received treatment at the hospital during the year, 76 were surgical cases, and of these 56 were discharged cured, 14 improved, 3 died, and 3 were discharged as incurable. On the first of the month, 29 remained under treatment. During 1865, 91 surgical operations were performed, and 750 out-door patients treated. The Doctor strongly urges the claims of the Hospital, suggesting energetic efforts to enlarge it, so as to accommodate at least 500 patients, and from the increasing interest shown, it is probable that a few years will see this hope realized.

In some remarks made by Prof. Van Buren, that gentleman referred to our medical institutions as compared to those of Europe, and which, from personal observation during his foreign travels, he had not found inferior to the latter. He thought the day was not far distant, when we should be in a position to repay to the Old World all that we are indebted to her for in science. This state of things he considered highly creditable to the nation, where institutions like this were supported, not by State endowment, but by voluntary subscription.

The Metropolitan Health Bill.

It is not improbable that, before this letter reaches your readers, the fate of the Metropolitan Health Bill will have been decided. There is little doubt entertained regarding the passage of the bill, although it is feared the politicians may succeed in so modifying it that one, at least, of its most important features, which you have so pointedly alluded to in an editorial of your last number, will be lost—I allude to the section which provides that all the four commissioners to be appointed under the bill, shall be medical men. This is a thorn in the sides of the professional politicians, who fear their occupation will be gone when the names of such men as Drs. Willard Parker, Alonzo Clark, James R. Wood, of New York, Mason, of Brooklyn, and others of equally good ring, are mentioned in connection with the appointment; and, perhaps, of a few medical men, who know that *they* will *not* be made commissioners. The profession has nothing to gain by the appointments, as the positions will be much more laborious than lucrative; but, for the sake of the *public*, we hope the original clause will be retained. One modification, however, of the original draft is demanded. The Board of Commissioners of Health is made subsidiary to the Police Board; attention has been called to this defect, and it will probably be remedied. The new Board should be enabled to push its work untrammeled and unembarrassed by any other commissioners, else there will be danger of continuous conflicts and questions of authority.

Quarantine.

Your remarks on this subject have been read with pleasure by every one here, who feels interested in the welfare of our populous city, and adjoining cities and towns. As it seems impossible to obtain the consent and coöperation of the State of New Jersey to establish quarantine accommodations on Sandy Hook—a place which all competent men have long decided to be not only the most available, but also the least dangerous to all parties concerned—and as the urgent exigencies demand that something should be done before Congress establishes a uniform quarantine code, our authorities have wisely concluded to waste time no longer, and to establish proper quarantine accommodations on West Bank Shoal. New Jersey can then look out for for herself, and if she wants quarantine, establish one for herself. The politicians of that State

seem to have an idea that no Jerseyman can die of any disease of which New Yorkers die—at least, they act on the principle that the health interests of New York are as foreign to theirs as those of the Fejee Islanders. A time will undoubtedly come when they will see the folly of their ways.

New York Medical Journal Association.

One of the most excellent and really practical medical institutions of this city, is the "Medical Journal Association," which has been in successful operation for the past year, and happily has the necessary funds assured for the next two years, by which time, there is no doubt, its organization will be so complete and efficient as to place it upon the broadest basis of permanency and usefulness. Its objects are to facilitate access to current medical literature, provide for ready reference a library of medical Journals, books, and monographs, to promote social intercourse and the interchange of thought among members of the profession. There is a finely arranged capacious reading-room at Mortimer's Building, S. W. corner Broadway and 22d street, which is open from 8 A. M. until 10 P. M.; conversation hours are from 2 to 3, and 8 to 9 P. M. Nearly forty Medical Journals are on the tables, comprising the leading American, English, German, and French periodicals, among which are some ten weeklies; the German Journals alone number a dozen. The Association holds *re-unions* at stated times. Dr. Edward Delafield at present holds the position of President, Dr. F. A. Burrall, that of Secretary.

The Schools

of this city are in a very flourishing condition, the number of students being considerably above a thousand. L.

New York, January 31st, 1866.

News and Miscellany.

St. Joseph's Hospital, Philadelphia.

Since the establishment of this institution, January 1, 1859, there have been 3600 cases treated, of which 2066 were pay patients, and 1573 poor patients. Of the whole number, 2906 were cured, 195 released, 140 removed, 322 died, and 70 remained on the 1st of January, 1866. The total receipts from pay patients for seven years amounted to $63,187 51; and the total expenses for the same period were $109,785 99. From the opening of this institution by the Sisters of Charity, over 1500 indigent patients have been treated and supported gratuitously.

Ligation of External Iliac Artery. Recovery.

Dr. H. A. Belton, of San Francisco, relates a case of aneurism of the right femoral artery, under treatment in the San Francisco County Hospital, in which Dr. Toland successfully ligated the external iliac. The ligature came away on the eighteenth day.

—— Coal Fields of England.—The coal question, according to the London correspondent of the N. Y. *Times*, is attracting the attention of some of the English papers. At the actual rate of using coal in England and the annual increase, the entire stock within 4000 feet of the surface will last seventy years—the child is born who will see it exhausted. Of course, as the stock diminishes, and the difficulty of getting it increases, the price will rise, and the consumption gradually diminish, so that there will be a gradual decline, instead of a sudden destruction, and if no substitute can be found for coal, this decline of British industry, wealth, and power will begin in about fifty years.

—— Surgeon P. J. Horwitz, United States Army, has been confirmed by the U. S. Senate as Chief of the Bureau of Medicine and Surgery, U. S. N.

—— Dr. A. B. Cabanis, of Jackson, has been appointed Superintendent of the Lunatic Asylum of Mississippi by the Trustees of that Institution.

—— The new Census of Illinois shows a total population of 2,126,000; an increase of 414,000 in five years.

—— Dr. Fuqua, of Staunton, Va., has been appointed Assistant Physician at the Western Lunatic Asylum, to supply the vacancy occasioned by the death of Dr. Gambill.

—— Prof. Huxley, Sir John Bowring, Dr. Carpenter, the physiologist, and other eminent men of science, are giving a series of popular Sunday evening lectures in one of the largest halls in London.

—— Diphtheria is reported as prevailing in Galena, Ill. with great fatality.

Army and Navy News.

ARMY.

Changes.—Under date of San Francisco, December 1, 1865, Major-General McDowell orders Assistant Surgeons G. A. Jaquette, and Charles Smart, U. S. A., to report for duty with and accompany the First Battalion, Fourteenth U. S. Infantry, to the District of Arizona. On their arrival in Arizona they will report to the District Commander for assignment to duty. Acting Assistant Surgeon C. S. Wood, U. S. A., is ordered to repair to Alcatraz, and report for duty at that post, relieving Assistant Surgeon Jaquette. Surgeon Charles C. Keeney relieves Assistant Surgeon Smart at Department Headquarters and at Point San Jose.

Assistant Surgeon C. Wagner, U. S. A., has been ordered to the Department of the Columbia.

Brevet Colonel John Campbell, Surgeon U. S. A., is announced as Medical Director of the Department of Georgia.

Acting Assistant Surgeon M. L. Lauber, U. S. A., has been assigned to duty at Angel Island, California, to the commander of which he will report without delay.

Assigned.—Hospital Steward M. F. O'Leary, U. S. Army, relieved from duty in the Department of the Ohio, and ordered to duty in the Department of Missouri.

Hospital Steward James Buckley, U. S. Army, is relieved from duty in the Department of Tennessee, and ordered to duty in the department of Texas.

Brevet Major John Vansant, Assistant Surgeon U. S. Army, is relieved from duty in the Military Division of the Gulf, and ordered to report for duty in the Department of Arkansas.

Assistant Surgeon Elliot Cones, U. S. Army, is hereby ordered to report to Professor Joseph Henry, Secretary of the Smithsonian Institute, Washington, D. C., for the purpose of completing a report for that institution, until May 1, 1866, when he will report to the Surgeon-General of the Army for orders.

Hospital Steward Charles J. Snyder is hereby relieved from duty in the Department of the East, and ordered to duty in the Department of Texas.

Brevet Colonel John M. Cuyler, U. S. Army, is hereby assigned to duty at Fort Wadsworth, New York harbor, as Post Surgeon.

Brevet Lieutenant-Colonel L. H. Holden, Surgeon U. S. Army, is hereby relieved from duty as a member of the Examining Board, of which Brevet Brigadier-General Graham, Fourth U. S. eavalry, is President, and will proceed to Fort Schuyler, New York harbor, and there assume the duties of Post Surgeon.

Assistant Surgeon W. S. Tremaine, U. S. Volunteers, is assigned to duty as a member of the Examining Board, of which Brigadier-General Graham is President.

Brevet Lieutenant-Colonel E. J. Bailey, Surgeon U. S. Army, is assigned to duty at Fort Warren, Boston harbor, Mass., as Post Surgeon.

Hospital Steward S. Vanderhayden, U. S. Army, is hereby relieved from duty in the Medical Purveyor's office, Department of the South, and ordered to duty with the Medieal Director, Department of Florida.

Brevet Brigadier-General R. C. Wood, Surgeon U. S. Army, is hereby assigned to duty at Fort Adams, Rhode Island, with permission to reside at Newport, R. I.

Discharged the service of the Unitrd States.—Medieal Cadet Edwin Barnes, U. S. Army.

Hospital Stewards George A. Browning, Edward Voelkner, Alexander Dean, G. W. Weed, F. W. Frieker, C. E. Fehon, Charles H. Jewett, James Blakely, Allen Keefer, and Burk Sherwood, U. S. Army.

Hospital Stewards Riehard Paulson, and John R. Bollinger, U. S. Army.

Honorably Mustered out the service.—Surgeons and Brevet Colonels Silas A. Holman, and James H. Boucher, U. S. Volunteers.

Surgeon and Brevet Lieutenant-Colonel David Stanton, U. S. Volunteers.

Surgeon Clayton A. Cowgill, U. S. Volunteers.

Assistant Surgeons J. H. Porter, A. Delaney, Samuel Kitchen, and Frank A. Zitter, U. S. Volunteers.

Assistant Surgeon and Brevet Major Augustus P. Williams, U. S. Volunteers.

Surgeons and Brevet Lieutenant-Colonels Alonzo J. Phelps, and Henry Jones, U. S. Volunteers.

Surgeon P. A. Jewett, U. S. Volunteers.

Assistant Surgeon and Brevet Major John E. McGirr, U. S. Volunteers.

Assistant Surgeon F. E. Martindale, U. S. Volunteers.

Assistant Surgeon S. C. Ayres, U. S. Volunteers.

To be Mustered out.—Brevet Lieutenant-Colonel John J. Craven, Surgeon, U. S. Volunteers.

Miscellaneous.—Surgeon Thomas Sims, U. S. Volunteers, has permission to return to his home, and report from thence by letter to the Surgeon-General, and be mustered out of the serviee.

Assistant Surgeon William P. Grier, U. S. Army, has permission to delay reporting for duty with the Third U. S. Cavalry until his presenee in Philadelphia, Pa., is not so imperatively demanded by circumstanees of a private nature.

MARRIED.

Babcock—Ayres.—Jan. 10, in the First Presbyterian Church of Fort Wayne, Ind., by Rev. J M. Lowrie, Mr. George W. Babcock and Miss Anne M., daughter of Dr. H. P. Ayers.

Barbour—Marr.—At Lewisburg, Pa., on the 17th ult., by the Rev. P. B. Marr, assisted by the Rev. James H. Marr, Dr. John Barbour, of New York city, and Miss Mary Marr, of Lewisburg, Pa.

Blackford—Reid.—In Pittsburgh, Pa., Jan. 19th, by Rev. G. W. Chalfant, James Mitchell Blackford, M. D., and Miss Kate Reid.

Morris—Cliffe.—Jan. 16, at the M. E. Church, Jerseyville, Ill., Mr. R. C. Morris, of Olney, Ill., and Miss Jennie Cliffe, of Jerseyville.

Niles—Gillett.—At Cleveland, Ohio, Jan. 14, by Rev. T. H. Hawks, D. D., H. H. Niles, M. D. of Thetford Vt., and Miss Catharine J. Gillett.

Post—Morgan.—At Staten Island, Jan. 19th, by the Rev. P. S. Chauncey, D. D., Stephen R. Post, of New York, and Carrie B. Morgan, daughter of the late James Morgan, M. D.

DIED.

Burdett.—At Tompkinsville, Staten Island, Jan. 23, John S., only son of Dr. A. S. and Rachel Burdett, aged 6 months and 3 days.

Bigelow.—At Newton Corner, Mass., Jan. 21, Dr. Henry Bigelow, aged 48 years.

Coolidge.—At Raleigh, N. C., on Tuesday, Jan. 23, Dr. Richard H. Coolidge, Surgeon U. S. Army.

Dickson.—In Cincinnati, Jan. 18, 1866, Dr. John Dickson, Surgeon in the U. S. Army, of chronic bronchitis, induced by exposure in the discharge of duty, during and after the battle of Nashville, Tenn.

Hays.—In this city, Jan. 23d, Wm. D. Hays, second son of Dr. Isaac Hays, aged 29 years.

Janeway.—On the 18th ult., at Richmond, Va., William Mactier, son of Isabella G. and Dr. John H. Janeway, U. S. Army, aged 2 years and 10 months.

Jones.—At Farmington, Ill., Dec. 26, 1865, Willie McCoy, son of Dr. A. G. and Isabella Jones, aged 2 years, 5 months, and 24 days.

Paul.—In this city, on the 18th ult., Elizabeth D. Paul, wife of Dr. John Rodman Paul, in the 57th year of her age.

Stevens.—At St. Albans, Vt., Jan. 15, Dr. H. F. Stevens, aged 48 years.

Watson.—At "The Grove," near Bedford, Pa., Jan. 3, Mrs. Eliza Watson, in the 88th year of her age, widow of the late Dr. Wm. Watson, and mother of Dr. W. H. Watson, of Bedford, Pa.

Wilson.—In this city, on the 22d ult., Alexander Wilson, M.D., in the 55th year of his age.

Windship.—In Roxbury, Mass., Jan. 21, of pneumonia, Chas. M., eldest son of the late Dr. C. M. Windship, aged 34 years, 13 days.

ANSWERS TO CORRESPONDENTS.

Dr. S. T., Toledo, Iowa.—One Tonsil Instrument, one Trocar and Canula, one Scarificator, sent by Howard's Express, January 22d.

Dr. T. H., La Porte, Ind.—Beal on Laws of Health, sent by mail, Jan. 23d.

Dr. J. C., Massilon, Ohio.—Maclise Surgical Anatomy, Dunglison's Medical Lexicon, sent by Howard's Express, Jan. 23d.

METEOROLOGY.

Jan. 1866,	15,	16,	17,	18,	19,	20,	21.
Wind	N.	N. W.	W.	S. W.	W.	S. W.	N. W.
Weather	Clear.	Cl'dy, Snow 4½ inc.	Clear.	Clear.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain						3-10	
Thermometer.							
Minimum	3°	24°	16°	15°	27°	32°	10°
At 8 A. M.	8	29	25	35	35	44	18
At 12 M.	18	35	36	45	47	50	22
At 3 P. M.	21	38	38	46	44	52	24
Mean	12.50	31.50	28.75	42.75	40.75	47.	18.50
Barometer.							
At 12 M.	30.5	29.9	30.1	30.	30.	30.2	30.4

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 467.] PHILADELPHIA, FEBRUARY 10, 1866. [Vol. XIV.—No. 6.

Original Department.

Communications.

EPIDEMIC, OR ARMY ITCH.

By L. C. Butler, M. D.,

Of Essex, Vermont.

Perhaps I cannot better respond to the request of your correspondent in the Reporter for Jan. 6th, than by sending a copy of the Report made to the Vermont Medical Society, with such emendations and alterations as may be necessary to adapt it to your columns. I was not aware till since the publication of the proceedings of our State Society in the Reporter, that the disease in question was so wide-spread in its ravages. It seems to be limited in its circumference only by the extent of territory from which recruits were sent to and returned from the Union army. It is not indigenous to northern soil, nor is it the legitimate offspring of any disease known among us. Nor can its history be traced among the archives of medicine. The "oldest" physician does not recognize it as a "familiar" face, and so has little advantage over the younger practitioner in its diagnosis or treatment. It is no respecter of persons. It pays no deference to age, sex or condition. Pulpit, forum and bar, learned and unlearned, rich and poor, are all alike the objects of its peculiar friendship. It rides in a coach as cosily as it nestles among the rags of poverty. It sits as jauntily upon the luxurious sofa in silks and satins, as upon the hard floor. It sleeps as quietly (?) upon nature's bed and under nature's broad covering, as upon the downy couch and behind damask curtains It seems to recognize no known law of incubation, progress, or termination. That it is contagious—highly so—there is no doubt. It is somehow communicated from one to another. Sometimes from actual contact, and sometimes without; sometimes as rubeola and scarlatina, and sometimes more as an epidemic. Its progress is better defined by the intolerable itching and scratching it occasions.

So far as its appearance in these parts is concerned, it can be tracted almost invariably to southern camping grounds, whence it has been transplanted by the tramp of armies, and the return of our brave boys from the "sacred soil" to their various homes. It is not a native "to our manor born." It is an importation, a peculiar child of southern generation.

In regard to its nomenclature, possibly the persevering student of Good may find in that stupendous compendium of nosology, and nosological infinitudes, some huge Latin name applied to it; but the practitioner who has seen it, and treated it, will be far better able to say what it is *not*, than what it *is*. It defies both nomenclature and classification. Taking Neligan as our standard, it does not belong to the *Exanthemata*. It exhibits no inflammatory tendency. Nor to the *Pustulæ;* it has no pustules. Nor to the *Squamæ*, for it produces no secretion of any laminated whitish scales on the cutaneous surface. Nor yet to the *Hypertrophæ*, or *Hemorrhagiæ*, or *Maculæ;* nor does it belong to the *Vesiculæ*. It is not *Scabies*. In this disease there is said to be a delicious satisfaction in hunting out and exposing to the full blaze of daylight, the ugly *crabbed* parasite, pathognomonic of it, that covers its burrowing place in the skin under a flood of water. Progress has been made in relieving the world of a pest, and momentary relief is obtained. But no such satisfaction is vouchsafed to the unfortunate victim of "army itch." It is scratch, scratch; the more, the greater necessity; wriggle and twist "from night till hoary morn;" for the itching is quite tolerable during the day time, but most intolerable during the night.

In many of its characteristics it corresponds most nearly with the *Papulæ*, and with the genus *Prurigo;* and yet that name gives only an inkling of some of its peculiar symptoms, while it affords no therapeutic indication.

Unlike *prurigo*, this disease is highly contagious. It has no vesicle, nor has it any pustule, yet sometimes the eruption, from the incessant irritation it occasions, forms a discharging surface, upon which scabs are formed. It seldom—in my opinion never—in its inception, is found in the groins, axilla, armpits, or between the fingers.

It is always found upon the arm, forearm, chest, abdomen, or lower extremities, and in some rare cases upon the scalp. Sometimes it is a fine eruption, about the size of a millet seed, hardly discoloring the skin, or raised above it; then again it resembles rubeola, and gives a marked sensation of roughness to the cutaneous surface. The attending pruritus is sharp and stinging, causing almost incessant scratching, by which the papulæ are torn, and a minute blackish crust formed on their apices, giving the eruption a peculiar characteristic appearance. Underneath this crust is a minute red point, which fades away as a new crop makes its appearance. In long-continued cases, complicated with other skin diseases, or accompanied with severe constitutional symptoms, suppurating sores may be formed upon different portions of the body, which will test the patience of both physician and patient in their cure.

Whilst, therefore, it so nearly corresponds with the description given in the books on *prurigo*, still the remedies ordinarily prescribed for that disease, will produce little, if any, curative effect in this. It is, in fact, *sui generis*, and no better name can be found for it than that which has been given to it in common parlance, from its recognized origin, "*Army Itch.*" And yet, this only represents its outward manifestation, the cutaneous affection. Back of this, and perpetuating the disease, is the *materies morbi*, which the force of every pulsation sends through the whole system. To cure the one, the other must be eradicated. Constitutional as well as local remedies must be employed. The latter are useless without the former.

In accordance with these views, I begin and end the treatment with constitutional as well as local remedies, as follows,

℞. Syr. sarsap. comp., f.℥iv.
Sodæ arsenias, gr. iv—viij. M.

Dose, teaspoonful, morning and evening.

To this mixture, if there be considerable derangement of the stomach or biliary organs, I add, *pro re nata*, Thayer's fluid extract of iris versicolor, leptandrin, pipsissewa or podophyllin, as seems best adapted to the case. The external application is composed as follows:

℞. Pix Burgundica, ℥iv.
Hydrarg. oxyd. rub.
Plumbi. oxyd. rub.
Terebinth venета, āā ℥j.
Butyri recentis, ℥xij. M.

(Adeps will not answer.)

The first three ingredients should be finely pulverized before being mixed with the last two, and then constantly stirred over a slow heat until all are intimately blended. Then place the dish upon ice or cold water, and stir again until the whole becomes the consistence of an ointment. A small portion of this ointment should be rubbed in thoroughly upon the eruption, morning and evening.

Great care should be observed in regard to cleanliness. The under clothing should be changed twice or thrice a week, and an occasional ablution of the whole body with Castile soap and water, would not only tend to allay the cutaneous irritation, but expedite the cure. The diet should be carefully regulated. No pork grease in any form should be allowed. Pastry, highly seasoned food of any kind, stimulating condiments, should be avoided as directly calculated to perpetuate the disease. The patient should not be starved, but the diet restricted to those articles which are plain, simple, and nourishing, and which will not tax too heavily the digestive organs.

The course of treatment I have thus indicated, is the result of some investigation and observation. It has been adopted after a thorough trial and failure of many prescriptions. In my hands, it has been uniformly successful; I can call to mind no case which, when the directions have been carefully followed, has not been cured by it. Time, patience, and perseverance are necessary to accomplish the result, but it is sure. Recent cases are more speedily cured than those of longer duration. I write with the more confidence, because I have tested the treatment in hundreds of cases and have yet to see the instance of failure. I prepare the remedies myself. I do not deal out the ingredients to the patients, and leave them to prepare the ointment with such grease as they may happen to have. The prescriptions are compounded carefully by weight and measure, and just the heat necessary for their intimate mixture. And having taken all these precautions, which I regard as important, I watch the progress of the cure, and am not disappointed in finding the intolerable itching allayed, so that the patient will enjoy a quiet night, in many instances, from the first application, and the eruption fading away and disappearing. In other localities, or in the hands of other practitioners, they may not prove as uniformly successful, but where other remedies have failed, these are spread out before the profession as being worthy, at least, of a thorough trial.

SPURIOUS VACCINATION.

Inoculation with Virus supposed to be Syphilitic.

By Geo. H. Hubbard, M. D.,

Late Brevet Lieut.-Col., and Surgeon U. S. Vols.

On the last day of November, 1863, I reached Fort Smith, Ark., under an assignment to duty as Medical Director of the Army of the Frontier.

My attention was immediately called to several hundred men disabled in consequence of spurious vaccination, and a board of medical officers was soon after organized, by command of Major-General Schofield, to investigate its origin, etc.

This Board made a detailed report, from which, from reports of other medical officers, and from personal observation, I was enabled to arrive at the following facts and conclusions.

It was definitely ascertained that the virus which caused all these cases came from persons who had been vaccinated in the rebel army, or by rebel surgeons. In some cases it was brought in the arms of deserters, and in one case, at least, a Federal soldier was forcibly inoculated, while a prisoner with the rebels.

This virus was used by ignorant medical officers and by self-inoculation among the men, till more than five hundred were infected.

The Board reported that—"Soon after the operation was performed, the points at which the matter was inserted commenced to itch and inflame, and by the second or third day, pustules were formed, of a yellowish color, which rapidly increased in size, and in a few days burst. In some a scab formed, but in all, open ulcers were formed by the tenth day, and which furnished a thin ichorous discharge.

"At the time we examined the patients, some had well marked Hunterian chancre; some had large excavated ulcers, with edges elevated above the raw and surrounding surface, with little surrounding induration; the centres, when not recently cauterized, were of a brownish hue—some, whose primary ulcers were about healed, had secondary symptoms, such as swelling and ulceration of the glands in different parts of the body; while others had pain and stiffening of the joints.

"The disease was brought to the 1st Arkansas Infantry by deserters from the Confederate army, and in our opinion it is syphilis."

The following is from my official report to the Surgeon-General:—"I have no reason to believe that in any one case did this virus produce a true vaccine pustule, or had any of the protecting power of vaccination.

"The ulcers all possessed, in a greater or less degree, the well established peculiarities of venereal chancre, being of a specific and progressive nature, spreading in some cases to the size of a dollar, but usually about half that size; commonly round in shape, but often irregular, and usually of the depth of the true skin.

"All had ragged, elevated, indurated, and overhanging edges, little sensitive to the touch or even to caustics; while the bottom of the ulcer, (especially under these indurated edges,) was excessively sensitive.

"All discharged dark ill-conditioned pus, which in many cases caused painful excoriation of the surrounding skin, and when transferred to other parts of the body, reproduced ulcers like the original; in this way, chancres were produced on the penis in several cases.

"Cases precisely similar occurred in the Indian Brigade, stationed at Fort Gibson, in the Cherokee nation.

"Acting Assistant Surgeon Miller, on duty at that post, reported as follows:—'A private of the 1st Indian Home Guards, who had been successfully vaccinated by me in March, 1863, and afterward taken prisoner by the rebels, was in spite of his protestations, inoculated by a rebel surgeon, producing a syphilitic ulcer.'

"'Private Johnson, of the same regiment, who had previously had small-pox, was inoculated, by his own desire, with the same virus, and his ulcer presents the same characteristics as those not so protected, except in extent.'

"Besides the cases occurring among the troops, it has spread among the people to an alarming extent by self-inoculation.

"In a large proportion of the cases, consecutive symptoms have appeared: suppuration of the lymphatic glands in the axilla, sore throat, exanthematous eruptions, etc.

"The cases occurring among the troops have received the ordinary treatment for syphilis, and in most cases with excellent results.

"The mischief was wide-spread before the true character of the disease was recognized, so that few cases have had prompt abortive treatment, and many are, in consequence, permanently disabled.

"Nearly every case has required constitutional treatment, in adidtion to local treatment of the chancre.

"The milder caustic applications proving insufficient, in many cases, acid nitrate of mercury was used to clear away the indurated edges, when the ulcer usually healed rapidly under mildly stimulating applications."

Six cases of well-marked small-pox occurred in men who had previously suffered severely from this venereal inoculation.

Hospital Reports.

University of Maryland,
December, 1865.

Surgical Clinic of Prof. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Syphilitic Iritis.

Man, æt. 27. We have here another phase of that disease of which we have so many cases in hospital practice. Here the syphilitic poison has affected the eye, and produced inflammation of the iris. There is not much redness of the conjunctiva nor chemosis. Red vessels can be seen diverging from the pupil; they are deeply situated, and show that the fibrous tissues are involved. There is no excessive tenderness upon exposure to the light; when there is, it generally shows that the retina is involved. Mercury is a good remedy in the treatment of these cases, but by no means a specific. He has taken it, and we do not consider it expedient to recur to it again. We sometimes use leeches, but you must be careful and not apply them to the eye itself, as it often increases the inflammation. Apply them to the inside of the nose, as the mucous membrane is continuous with that of the eye, and they act as revulsives. Another important remedy is belladonna, or its active principle, atropia. It prevents adhesion and contraction of the pupil. In this case we will use potass. iod., and the watery solution of opium, as a local application.

Ulcers of the Leg.

Man, æt. 47, sailor. This man has been a sailor all his life, and says he has had these ulcers for ten years. There is no varicose condition of the veins. Chronic ulcers are very common among sailors, and are produced by being continually on their feet, and wading in cold water. Cold water long applied will destroy the vitality of a part. It has become the common dressing in cases of gun-shot or other wounds, and it is very useful, but not entirely devoid of danger. Sometimes it is continued so long that the part is completely macerated, and the vitality, to a great extent, destroyed. In these cases, like the one before us, a sub-acute inflammation arises, lymph is deposited, and becomes organized, and hypertrophy is produced. Probably this man can be cured. I rely chiefly upon the bandage. It is a good sorbefacient, and stimulates the parts. We often use bichloride of mercury as a stimulant. His general health is good. We will apply a cerate cloth just large enough to cover the sore. We make numerous openings in the cloth to allow the unhealthy secretions to escape. Let the foot, ankle, and half-way up the leg be bandaged. It is not necessary to apply it to the knee, for we wish the circulation to be unimpaired, and there are no varicose veins requiring pressure. Use a solution of the bichloride of mercury (gr. j. to aquæ f.℥j.), and dress with Turner's cerate. Dress it every day, and apply the bandage with great care.

Re-amputation.

Man, æt. 30. This man's foot was injured three or four years ago by a threshing machine. The anterior part of the foot was amputated, but from some cause the leg never got well. Now we will amputate the leg in the lower third. Circular operation performed.

Dec. 9. This case was operated on, on Wednesday, but from some cause there has been considerable hemorrhage. It is something unusual for secondary hemorrhage to occur so soon. It occurs usually within a few hours, when reaction has taken place, or not until the ligatures are about being detached. He took chloroform, and I think that is often promotive of secondary hemorrhage. It is not necessary to remove the dressings, as it is not likely to occur again. Let the limb be elevated, and cold applications be used.

13th. The mystery of the hemorrhage is solved. It was produced by one of the attendants falling upon his leg. He is now doing very well, and the stump is well covered.

Syphilitic Ulcers.

Man, æt. 45. Here are two very foul looking ulcers near each external maleolus. The edges are everted, the surface is excavated and covered with a greenish looking matter, and the discharge is thin and offensive. They are almost entirely destitute of granulations. The surrounding parts are red and indurated. Without doubt mercury has been largely used in this case, and there is bad nutrition and dyscrasia. We have been giving him tr. ferri. chlor. He has also taken potass. iod. We employ it empirically very often, for we do not know how it acts. We will give him syr. ferri. iod. gtt. xxv., and potass. iod. gr. v. three times a day. We are using a solution of permanganate of potassa, but as it appears to give pain we will reduce its strength, until we arrive at a point where the pain produced is slight. Apply a cerate cloth, and over it a cloth wet with the watery solution of opium, and a bandage.

As his bowels are costive, we will give:

℞	Aloes,	℥j.	
	Gambege,	℥ss.	
	Ext. hyoscyami,	℥j.	
	Ol. tiglii,	gtt. v.	M.

Ft. pil. xl. S. Three at a dose. Let them be used according to the circumstances of the case. Let him have plain nourishing diet, with animal food once a day.

Dec. 16th, 1865. This is one of the most obstinate cases in the house. It is phagedenic, and it will not do to use mercury, so we have to treat it by indirect means, *i. e.*, by improving the blood, and his appetite. Mercury is promotive of dyscrasia. It does not look quite so bad as it did some time ago; not so deep, edges not so much everted. Does not pain him so much. Appetite getting better. I should be reluctant to give this man opiates, for they are an evil, but a less one than restlessness. Let him have pulv. Doveri. gr. xij. at night. Continue syr. ferri. iod. Simple, nourishing food. It will be a tedious case.

Fracture and Dislocation.

Man, æt. 30. This is a case of fracture of the fibula, produced by direct violence. This usually occurs from a direct blow, or from a twisting of the ankle, whereby the bone is broken in its lower third. There appears to be no displacement. We keep it quiet by means of a straight, wooden splint. I very seldom apply a bandage on the first dressing of a limb, because there will be swelling, and then the bandage constricts the parts, and may produce disastrous effects.

Medical Societies.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

CENTENNARY MEETING.

(*Wednesday, January 24th*, 1866.)

On Wednesday, at 11 o'clock, A. M., the Society convened, together with a large number of invited guests and of physicians from every part of the State, at the Chapel of Rutgers' College, New Brunswick. First on the programme of the Centennary celebration was

The President's Address.

After some fitting remarks and allusions to the eventful past since the organization of the Society, a hundred years ago, before the American Republic was founded, Dr. Coles proceeded to read his address—"a poetical excursion into the arduous fields of human physiology"—entitled "*Microcosm.*" To appreciate fully the author's able and successful effort, one must read the whole poem, which will be published with the transactions, and we hope also, separately. Our space does not allow us to give more than some of the most striking passages.

The Skin.

* * * * * * *

How beautiful, and delicate, and fresh,
Appear the soul's habiliments of flesh!
How closely fitting, easy yet and broad,
Each tissue, woven in the loom of God!
Compared with that magnificence of dress
Wherewith is clothed the spirit's nakedness,
O how contemptible and mean a thing,
The purple and fine linen of a king!
The spotless vesture of the silky skin,
Outside of all, and covering all within,
Hiding the nakedness of parts below—
Muscles and viscus, not designed for show.
With what a marvellous and matchless grace
Is it disposed and moulded to each place—
Rounding and beautifying brow and breast,
A crowning loveliness to all the rest!

* * * * * * *

Dissect in fear, use reverently the knife,
All was made sacred to some holy use,
Whate'er the profanations of abuse.
Cut not with blundering and careless hand,
If you the dœdal maze would understand.

* * * * * * *

When that, the dermal, covering is cut through,
And its interior structure brought to view,
Pause if you will, and let your aided sight
Peruse the wonders of creative might.
Admire the skill that can in one combine
A sensibility and a touch so fine—
Making the skin throughout the purpose serve
Of one ubiquitous, great surface nerve,
That finest needle, would it entrance gain,
Must pierce the sense and stab the soul with pain,—
Where camping armies of papillæ wait,
Manning each fortress, guarding every gate,
Armed at all points, and vigilant as fear,
To sound the alarm when danger hovers near,
And yet, despite the nicety of sense,
Formed for coarse uses and for rough defence.

Muscles.

Lifting the threefold veil we reach, at length,
The numerous Nile-heads of man's hidden strength—
The springs of muscular motion, wherein lurk
Man's infinite capacities for work,—
By which, as taste or restless nature bide,
He rears the Parthenon or Pyramid,
In high achievements of the plastic art
Fulfils the ambitious purpose of his heart,
Creates a grace outrivalling his own,
Charming all eyes, the poetry of stone:
Symbols his faith, as in cathedrals vast
Religious petrifactions of the past;
Covers the land with cities, makes all seas
White with the sails of countless argosies;
Pushes the ocean back, with all her waves,
And, from her haughty sway, a kingdom saves;
Tunnels high mountains, Esebus unbars,
And through it rolls the thunder of his cars;
With stalwart arm defends down-trodden right,
And like a whirlwind sweeps the field of fight;
And when at last the war is made to cease;
On firm foundations establishes a peace;
The barren wastes with nodding harvests sows,
And makes the desert blossom as the rose.
Bundles of fleshy fibres without end,
Along the bony skeletons extend.
In thousand-fold directions from fixed points
To act their several parts upon the joints.

* * * * * * *

But where's the hand that grasps the million reins,
Directs and guides them, quickens or restrains?
See the musician, at his fingers' call,
All sweet sounds scatter fast as rain drops fall;
With flying touch he weaves the web of song,
Rythmic as rapid, intricate as long;
Whence this precision, delicacy, and ease?
And where's the master that defines the keys?

The Brain and Senses.

A weird, and wonderful, and fragile mass
Of white and grey; deserted now, alas!
All knowledge quite razed out; no trace
Of things which were; now mourns each happy place,
Where frolicked once the children of the mind,
Of all the number not one left behind.
No vestige of the battle and the strife,
None of the conquests that ennobled life,
Hid is the maze where doubt was wont to grope,
Hid the starved fibre of a perished hope;
Hid the tough sinews of a wrestling faith—
The Christian athlete matched with sin and death;
Hid all the teeth-prints of the wolves of grief,
A savage pack, of which Remorse is chief—
How strange of all the wounds our comforts mar,
That of the fellest we should find no scar!
None can point out where understanding dwelt;
None the high places where religion knelt—
The spot where Reverence, with feet unshod,
Came to consult the oracle of God;
The crypts and catacombs where Memory cast
The bones of all the dead of all the past;
Shelves where were stowed all libraries of man
All grey traditions since the world began—
All literatures, religions, kinds and parts
Of knowledge, laws, philosophies and arts—
All actions, all articulated breath,—
The Book of Life, and ah! the Book of Death.

* * * * * * *

Deserted now, and cheerless as a tomb,
The whole house vacant, vacant every room,
Each sense now shut, the windows of the mind—
And there is none to look,—the eye is blind.

* * * * * * *

Alas for those, who haply, blind from birth,
Have never seen the loveliness of earth,
To whose rapt gaze, the spectacle ne'er given
Of all the dread magnificence of heaven.
One mighty blank, one universal black—
The moving wonders of the Zodiac—
The constellations from their fixed abode
Shed no sweet influence on their darkling road—
Their rolling eye-balls turn and find no ray,
An unknown joy, the blessedness of day.

* * * * * * *

To render happier a cheerless lot,
Enrich with knowledge those who have it not,

To pour new light into the darkened mind
And force an entrance, when it none can find;
By novel methods and ingenious tools,
Imparting all the learning of the schools;
For loss of one, obtaining recompense
In the perfection of another sense;
Inspiring music bringing heaven so near,
They almost think they see it, as they hear—
Is like that work, in kind if not degree,
Done Bartimeus, when Christ made him see.
* * * * * * *

The author then goes on to discourse on the ear, sound, speech, the senses of taste and smell. Then the heart and the emotional feelings.

O loving woman, man's fulfilment sweet,
Completing him, not otherwise complete.
How void and useless the sad remnant left,
Were he of her, his nobler part, bereft!
Of her, who bears the name of wife,
The joy and crown and glory of his life,
The mother of his children, whereby he
Shall live in far off epochs yet to be.
Conjoined but not confounded, side by side
Lying so closely, nothing can divide.
A dual self, a plural unit, twain
Except in sex, to be no more again,
Except in sex, for sex can nought efface,
Fixed as the granite mountain on its base.
* * * * * * *
Woman and man all social needs include,
Earth filled with men, were still a solitude.
In vain the birds would sing, in vain rejoice,
Without the music of her sweeter voice.
In vain the stars would shine, 'twere dark the while
Without the light of her superior smile;
To blot from earth's vocabularies one
Of all her names, were to blot out the sun!
O wondrous hour, supremest hour of fate!
When first the soul discerns its proper mate
By inward voices known as its elect,
Distanced by love, and infinite respect;
Fairer than fairest, shining from afar,
Throned in the heights, a bright particular star.
* * * * * * *

Dr. Coles then addresses himself to the profession.

O it is well that ye have hearts to feel,
And ears not deaf to pity's soft appeal;
Putting no difference 'twixt rich and poor,
Plying with equal zeal the means of cure,
Not deeming it becoming to regard
Color or rank, or person or reward.
The man of impure life and sordid aims,
He smuts his office and his calling shames,
Him you disown, and place him under ban
As nothing better than a charlatan.
Believing needless ignorance a crime
You strive to reach the summit of your time
To old age, learning up from early youth—
Your life one long apprenticeship to truth.
Wisely suspicious sometimes of the new,
Ye give alert acceptance to the true,
Ready with thousand welcomes it to greet,
Even though it make old science obsolete.
Knowledge is power, and here 'tis power to save,
A power like God's to rescue from the grave.
Each year adds something—many things ye know
Your sires knew not a hundred years ago.
Art grown to more, your sons will higher climb,
And make the coming centuries sublime,
Till Christ's millenival kingdom shall begin
And put an end to sickness and to sin.
Heights of the future! breezy with the breath
Of vernal quickening to the fields of death,
In the far distance of the long before
We think we see your misty summits soar,
Though scarce distinguished from the mingling skies,
How glad the sight to our believer's eyes!

From these extracts the reader will be able to form some idea of the address.

Historical Address.

Dr. Wm. Pierson, who has filled the office of Secretary of the Society for over thirty years, and who had been appointed historian for the occasion of the Centennial Anniversary, read an elaborate and exceedingly minute "*Historical Narrative*" of the Society, from 1766 to 1866, from which we give some of the most interesting data.

On the 17th of June, 1766, a call was published in the "*Mercury*," a paper published in the city of New York, requesting the physicians in the Province of New Jersey to attend a meeting at Mr. Duff's, in the city of New Brunswick, on the 20th of July, at which time and place the Constitution and regulations of the Society were to be settled and subscribed. Accordingly, the following gentlemen convened at the appointed place, viz., Robert McKean, Cristopher Manlove, John Cockran, Moses Bloomfield, James Gilliland, Wm. Burnet, Jonathan Dayton, Thos. Wiggins, Wm. Adams, Bernard Budd, Lawrence Van Derveer, John Griffith, Isaac Harris and Joseph Sackett.

A constitution was adopted, which shows a spirit of high professional ethics and liberality that may still serve as a type of what the foundations of medical organization should be. Among its provisions are:

"1. That we will never enter into any house in quality of our profession, nor undertake any case in physic or surgery, but with the purest intention of giving the utmost relief and assistance that our art shall enable us, which we will diligently and faithfully exert for that purpose.

"2. That we will at all times, when desired, be ready to consult or be consulted by any of our brethren, in any case submitted to us, and that in all cases, when we conceive difficulty and circumstances will admit, we will advise and recommend such consultation.

"3. That we will not pretend to, or keep secret any nostrums or specific medicine of any kind, as being inconsistent with the generous spirit of the profession, but will be ready at all times to communicate to any member of this Society, any discovery or improvement we have made respecting the healing art.

"4. That we will on all occasions treat one another as becomes the medical character, and that each of us will do our utmost to maintain harmony and brotherly affection in this Society to promote the usefulness of it to the profession and to the public.

"5. Provides for the gratuitous attendance upon all the poor, who have no legal means of support from their county."

The last article reads as follows:

"This Society will do all in its power to discourage and discountenance all quacks, mountebanks, impostors, or other ignorant pretenders to medicine, and will on no account support or patronize any but those who have been regularly initiated into medicine, either at some university or under the direction of some able master or masters, or who, by the study of the theory and practice of the art, have otherwise qualified themselves, to the satisfaction of the Society, for the exercise of the profession."

After the election of Drs. McKean as President, Manlove as Secretary, and Cockran as Treasurer, a fee bill was adopted, of which Dr. Pierson, gives some interesting items, among the rest:

Visits in town, where the patient can be seen without riding, to be charged according to the

duration of the ailment and the degree of attendance as follows:

In slight cases, where only one or two may be wanted—*nothing.*

In other cases, requiring longer and daily attendance, for each week's attendance, and in proportion for more or less time, exclusive of medicine—10 shillings. Visits in country under half a mile, the same as in town—10 shillings. Every visit exceeding 1½ miles—1 shilling. Consultation visit, 15 shillings; successive consultation visits, 7 shillings. All luxations and simple fractures, £1 10 sh., with the exception of luxation of the *neck* and femur, which are £2. Delivery in natural labor, £1 10sh.; instrumental case, £3. Among the fees for medicines, we find put down, "*Salivation*, including medicines," £3.

This fee bill, however, created considerable dissatisfaction, and at a subsequent meeting a resolution was adopted, allowing members to charge independent of it.

At first, the Society was based on the principle of a voluntary society, but became incorporated in 1816.

At the second meeting in 1766, "the President," so Dr. Pierson's narrative tells us, "submitted a recipe given to him by Dr. Ayres, of Rhode Island, as a celebrated nostrum of Doctor James Elliot, of Connecticut, with the remark that he knew nothing of the remedy, but was assured by Dr. Ayres, that he had frequently administered it with great success in *dropsies* and *hysteric cases from relaxation.* I give the recipe as an illustration of the advance of medicine at that period.

Electarium stomachicum, anti-hydropicum vel hystericum specificum:

℞.	Pulv. radic. gentian,	℥j.
	" g. myrrh,	℥j.
	" glaciei com.,	℥ijss.

Cons. rosar. q. s. ad elect.

To the word *glaciei* is appended an explanatory note, viz., "*common glass* — the arcanum concealed under the name of glacies. The dose is too unintelligibly given; but we are not left in the dark, for Dr. Ayres says he was not very solicitous about the levigation of the glass, but administered it frequently not very fine, and never knew any bad consequences to follow, except when given at first in too large doses, and the way to ascertain what was a sufficient dose, would be the immediate effects when taken into the stomach. If sufficient, an immediate pungent pain would be instantly felt, and a universal shock of the system, something like the electric shock. If these did not follow, the dose is then to be increased. To the credit of the Society, be it said, they judged it not prudent to recommend the use of it, without more authentic proof of its success."

We continue to quote from Dr. Pierson's address:

"At the meeting May 1770, it was voted that hereafter the President shall open the meeting with a dissertation upon some medical subject, with this special proviso: '*That it shall always be before dinner.*' To exhibit the state of medical education at the period under review, I cite some of the subjects of these dissertations: 'Putrefaction, its causes, effects and remedies;' 'Inoculation;' 'The Catamenia, the causes of obstruction, method of cure, etc.;' 'Nature, causes and methods of cure of the disorders of Infants;' 'Nature, causes and cure of the Pleurisy;' 'Nature and properties of Blood;' 'The formation, use and sympathising quality of the nerves;' 'Nephritis;' 'The Blood, and the changes it is capable of undergoing in diseases;' 'Health and Disease, and accounting for the latter;' 'Nutrition;' 'Animal Secretion;' 'The natural phenomena of Sleep;' 'The origin, antiquity, dignity and usefulness of the Science of Medicine, and the qualifications necessary for a Practitioner;' 'The Chemical principles of bodies;' 'Properties of Atmospheric Air;' 'The causes of vital Heat and animal Motion;' 'Dropsy,'—and others of similar character.

"From Nov. 1775 to Nov. 1781, there is an interval of six years in the Journal, to which reference is made at the meeting in 1782, by a committee appointed for the purpose, in the following language:

"'The war (which has been productive of the happy revolution in America) having claimed the attention of all ranks of freemen, most of the members of this Society took an early and decided part in the opposition to British tyranny and oppression, and were soon engaged either in the civil or military duties of the State. Added to this, the local situation of the war, (the scene of action being chiefly in this and the adjoining States,) rendered an attendance on the usual stated meetings not only unsafe, but in a great measure impracticable, from the scattered and distant residences of the members. As soon as sufficient order and harmony was restored to civil government, a convening of the members was again deemed necessary and proper, as well to re-establish it upon its former liberal and respectable principles, as to place it under the patronage of the authority of the State.'"

From the discussions held at the meetings up to 1790, Dr. Pierson cites a few illustrative specimens: "What is the proximate cause of Intermittent Fever?" Decided by a vote to be *debility.* "Whether Putrefaction ever takes place in the living body?" This question being deemed too vague for discussion, the following was substituted: "What is the proximate cause of Putrid Fever?" No decision was had; a majority not being in favor of any one opinion. "What are the remote and proximate causes of Epilepsy, and the method of cure?" No decision was had. "What are the causes of Dysentery, and cure?" Decided that the proximate cause was *spasm*, etc., etc.

"During this period patients were brought into the Society, and cases submitted for advice.

"A lad aged 17 years was presented with a tumor on the forearm. The Society, undecided whether it was aneurism or an encysted tumor, advised incision in the first instance, which was performed in the presence of the Society, and a

considerable 'discharge of carneous, ligamentous, osseous and cheesy-like substances followed;' the tumor not being encysted, but occupying under the common integument the space from the cubit to the wrist. Four days after the operation, it was found necessary to amputate the arm, which soon was followed with symptoms of tetanus. The patient continued in this condition with very little remission for six weeks, after which convalescence commenced, and the cure was perfected in eleven weeks."

Other cases, illustrating the theory and practice of that period, are adduced.

At the meeting of 1786 the Society entered into correspondence with the Massachusetts Medical Society, by request of the latter, and at a later period with that of New York.

Space does not allow us to make further extracts from Dr. Pierson's address, which gives a minute history of the working of the Society and its subsidiary district societies. To conclude in his words:

"Here we close the history of the first 100 years of our institution, venerable in age, and endeared by association. Let then the membership, in the century that succeeds, by every good word and work, receive with favor, and pursue with alacrity, whatever promises to advance the dignity, the honor, and the utility of our calling; never forgetting the beneficent sentiment of the Roman poet, whose language we have borrowed for our motto: '*Opifer per orbem dicor.*'"

The Dinner.

After the addresses, the Society, with invited guests, moved in procession to Greer's Hall to dine.

During the intervals in the courses, Dr. Hunt read an address, welcoming the invited guests; letters were also read by Dr. Wickes, from the President of the National Association, Dr. Davis, of Chicago; Dr. Bissell, ex-President of the State Medical Society of New York; Dr. A. A. Gould, President of the Massachusetts Society, and Mr. Wm. A. Whitehead, the Historian of the State, each regretting their absence, with complimentary allusions to this venerable Society.

Regular toasts were read, mentioning the American Medical Association, and the sister Societies; the Medical Colleges; the three learned professions; the Medical Corps of the Army and Navy; the Colleges of our country; the memory of the founders and deceased Fellows of the Society; the Professional and Newspaper Press; the State Asylum; and the State Government as represented by its Chief Executive, noticing the fostering care of Gov. Ward for the sick and wounded.

The responses were made by Dr. Atkinson, of the National Society; Dr. Hooker, of New Haven; Dr. Simpson, of the Army; Lieut. Gov. Cox, of Maryland; and Dr. Craig, of Plainfield, the oldest Fellow present. Other remarks followed from Rev. Dr. Campbell, of Rutgers College, Dr. Butler and others.

PHILADELPHIA CO. MEDICAL SOCIETY.

October 11th, 1865.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

(Continued from page 368, Vol. XIII.)

Subject in Discussion—Cholera.

Dr. Condie remarked that he had listened with much pleasure to the able paper by which the discussion of the evening had been opened. The subject of the paper was one of the deepest interest at the present moment, when, judging from the presence of cholera on the other side the Atlantic, and a comparison of the present course of the disease with that pursued by it in 1832, and in its subsequent visitations, we have just cause to fear its appearance in our midst at no remote period, rendering it therefore imperative that prompt sanitary measures should be taken, with the view to restrict the limits of the pestilence, abate its violence, and lessen its mortality, should our anticipation of a visit from it be realized. The cholera, it is true, is strictly an epidemic malady, depending solely upon some inscrutable morbific condition of the atmosphere, and not upon any local cause or causes. The prevalence of the disease, nevertheless, at any given place, will be promoted, most certainly, to a very considerable extent, and its mortality greatly augmented, by a bad sanitary condition of such locality, and a violation of the laws of hygiene by the people who reside in it. If this be true, and facts innumerable could be adduced to prove it is so, the importance of an early resort to such measures as may be necessary to improve and sustain, as far as we have it in our power, the salubrity of our city and the health of its inhabitants, and thus to aid in protecting the latter from the influence of the choleraic poison, should it be their misfortune to be exposed to its influence. There should be no delay in putting into execution the proper preventive measures, for, although it is possible that we may escape entirely a visitation of the epidemic, yet there is no certainty that such will be the case. It has been said, and by those who ought to have known better, that it is at least certain we are safe from a visitation of the cholera as long as the cold weather lasts, implying that it is only during the hot season a choleriac atmosphere prevails. We learn, however, from the history of epidemic cholera, that it may be equally rife during the most intense cold of a Russian winter, as amid the hottest season of more Southern climes. In some of the Western States of our country it has made its appearance, and continued to prevail very extensively during mid-winter.

I coincide very generally with the views advanced by Dr. Nebinger in his opening discourse. As early as 1832, my study of the dis-

ease in the wards of one of the largest cholera hospitals opened by the Board of Health of Philadelphia, and placed under my charge, taught me very early that the disease was divisible into three distinct stages, of which the first was a serous diarrhœa, of a duration varying in almost every case. The febrile reaction, attended, occasionally, with an inflammatory condition of one or other of the internal organs, which has been observed to set in subsequently to an attack of cholera, I do not recognize as, properly speaking, an integral part of the latter disease. Such febrile reaction and inflammation are not invariably nor very generally present; they are to be viewed simply, when they do occur, as an accidental complication, and are too often, I fear, due to the improper measures pursued to arrest the cholera.

Immediately preceding the occurrence of cholera at any given place, as well as during its continuance there, a very general prevalence of diarrhœa among the inhabitants is usually observed; few indeed escape an attack of it. The discharges from the bowels are various in character—feculent, bilious, or slimy, and may continue for many days. But the diarrhœa which announces the commencement of an attack of cholera is always serous, generally colorless, mostly flocculent. It may continue, as the only prominent symptom, for a day or two, but generally not over a few hours.

I have not seen any case in which the painful cramps ceased, or were even very sensibly diminished, in the third stage, especially at its commencement. A sense of heat or burning at the epigastrium, if not present previously, is often added, after collapse sets in, to the painful symptoms of the preceding stage.

There are two symptoms attendant upon cholera which have not, it seems to me, been dwelt on this evening with sufficient emphasis. The first of these symptoms is the profuse perspiration which sets in early in the attack, and becomes, toward the close of fatal cases, most profuse. The second of the symptoms referred to is intense thirst. The patient craves water continually, and would swallow, were he permitted, enormous draughts of it every minute. That taken each time into the stomach is almost immediately discharged; the vomiting being thus kept up almost incessantly. I have known cholera patients, impelled by the uncontrollable morbid thirst they experience, attempt to allay it by swallowing the fluids they had just before ejected from their stomachs, if left within their reach.

The treatment laid down in the opening address of this evening is, in its general outlines, the one which ample experience has taught me to be the best adapted to arrest the course of cholera, and secure its favorable termination. In its leading outlines it is the same treatment which was pursued by me in 1832, in the Southwark Cholera Hospital, as will be seen by a reference to the second edition of a "History of the Cholera, etc.," prepared by Dr. J. Bell and myself, (*Appendix*, page 180.) a work that has been esteemed of sufficient value to be translated into more than one of the European languages.

The warm and vapor baths, as well as dry heat, excepting when their application is confined to the lower extremities, I have found almost always to increase the sufferings of the patient, without in the slightest degree aiding in the arrest of the onward march of the disease.

I have seen the best effects produced by the diligent application to the limbs and along the spine of a liniment, composed of two parts olive oil and four of pure aqua ammonia, followed by sinapisms to the ankles, thighs, wrists, and arms, and, when the epigastrium has not been cupped, to that part also. Friction, with the liniment referred to, besides other good effects, has seemed to me to have a very decided and prompt agency in the diminution of the exhausting perspiration with which, in cases of cholera, the surface is constantly bathed.

For cholera patients, a *cool*, dry atmosphere will be found the best—damp air will always act upon them prejudicially. In the hospital, as well in 1832 as in 1849, the patients always became worse on the setting in of a cool damp evening, or during a cold rain.

In the commencement of the second stage of cholera, I have in many cases found the best results ensue after drawing, from a vein in the arm, as much blood as the patient's strength would admit of. If only a very small amount of blood could be thus obtained, or the impression made by the bleeding upon the disease was but slight, cups were applied over the abdomen or over the spine. Dry cups will in all cases be found to act beneficially.

In a few cases, even after symptoms of commencing collapse were present, I have made use of frictions to the surface, especially over the abdomen and lower portion of the spine, with ice or iced water, and almost always with the happiest results.

In every stage of cholera I have found the internal use of stimulants to be invariably prejudicial. The symptoms of rapidly approaching collapse—the small, slow, constantly diminishing pulse—the reduction of the temperature of the body, and the dark, bluish hue of the surface—do not result from deficient action of the heart, but from a want of fluidity in the blood, in consequence of which its circulation through the blood vessels is at first impeded, and finally suspended. To arouse the patient from the collapse of cholera, our efforts should therefore not be directed to stimulate the heart to increased activity, but to prevent the further waste of the fluid portion of the blood, and as far as is possible to supply to it the fluid it has already lost.

I have never made use of strychnia, but have given the extract of nux vomica, in one-third of a grain doses, repeated every three hours, and have been pleased with its effects. Believing the chief action of the choleraic poison to be upon the spinal cord, I was induced to make trial of nux vomica, from the well known influence it exercises over the functions of that part.

Turpentine I have used pretty extensively in all stages of the disease—externally as a rube-

facient, and internally, in the form of an emulsion, to rectify the disordered condition of the alimentary canal. Judiciously employed, I believe that the oil of turpentine is a remedy adapted to fulfil several important indications in the treatment of cholera.

In conclusion, I would merely remark that, while in its first stage—that of serous diarrhœa—cholera is an easily managed disease; after it has passed this stage, it is, confessedly, with difficulty arrested in its fatal career, while in that of collapse there is scarcely a chance of the patient's life being saved. We perceive the importance, therefore, of a resort to proper remedial measures at the earliest period of the attack, when, in a great majority of the cases, they will promptly succeed in the cure of the patient.

On motion, the Society adjourned until October 25th, to continue the discussion, Dr. Gebhard having agreed to read a paper on the subject.

Editorial Department.

Periscope.

Ætiology of Cholera.

Dr. Th. A. McGraw, of Detroit, publishes in the Buffalo *Med. and Surg. Journal* a translation of Prof. Niemeyer's (Tübingen) late article on cholera, of which we give a synopsis.

The facts which have been collected regarding the manner in which the disease is propagated, would indicate that it belonged properly neither to the class of contagious nor to that of non-contagious diseases. It is, on the one hand, certain that cholera is not communicated directly from one person to another even under circumstances of the greatest intimacy, but on the other hand, it is as certainly spread only by patients afflicted with the disease. The disease is propagated by the evacuations of individuals infected with cholera, probably in all, and certainly in most cases. The admission of this theory, for which we are indebted to Pettenkofer and Delbrueck throws light upon a multitude of facts, hitherto little understood and apparently contradictory. By means of one infected person in whom the disease has manifested itself only by a seemingly insignificant diarrhœa, cholera can be conveyed to a hitherto healthy locality. This person may travel on and recover without further development of the disorder, but he has left behind him in the water-closet matter which may give rise to a most deadly epidemic. It is thus no longer inexplicable how the cholera in its wanderings takes no defined course, but spreads indifferently from west to east, from east to west, now with the wind and now against it, how it always follows the routes of travel, how it does not go from place to place in a shorter time than is required for men to travel the same distance, and how, since the building of railways it has been able to spread more quickly than before.

It is probable that the poison is not usually present in stools just discharged, but is generated in them at a later period, and under certain conditions favorable to its development. Pettenkofer has shown that the contact of the discharges with putrid animal matter especially favors its development. There can be no question that the imprudence with which cholera discharges are emptied into common privies, gutters and sewers, promotes the spread of the disease, that the saturation of the earth of the great cities with the putrid products of decay is one of the chief causes of the greater intensity and diffusion which marks the disorder in them, and that the accumulations of filth and organic remains belong to the most active agents concerned in the development of the noxious principle. The neighborhood of a river, on whose banks are collections of stagnant water, predisposes to its generation and diffusion. The character of sub-soil is also not without its influence, a soil of loose and porous nature being more favorable to its production than any of rocky and compact formation.

"The course of the pestilence in its recent outbreak on the Atlanta can well be explained," says Dr. McGraw, "by Pettenkofer's theory. The disease sprung up in the steerage into which it may have been brought by one infected individual. The water-closets used by the different classes of passengers and crew on board ship are, as is well known, entirely distinct. While the cholera raged among the steerage passengers, *not one person* belonging to the crew or first cabin passengers was attacked."

The Phenomena of Deglutition.

Prof. Krishaber, who has been experimenting with the auto-laryngoscope, with a view to discover the method by which swallowing is effected, has arrived at several conclusions, the most important of which may be tabulated as follows:

1. In the action of deglutition, the alimentary mass passes through one of the pharyngeal arches over one of the sides of the epiglottis; by this means, it reaches the œsophagus at the very moment when, by the contraction of the muscles, the pharynx is contracted.

2. The deglutition of liquids is effected in a somewhat similar manner, these passing very often over the epiglottis, in which they differ from solids.

3. A very small quantity of the liquid passes over the edge of the epiglottis, and thus moistens the mucous membrane of the larynx, and the cords of the voice.

4. In gargling the throat, the larynx being then much opened, a large quantity of liquid escapes into the vocal organ.

5. One may easily bear a piece of food in the air-passages, that is to say, in the larynx, near the vocal cords, and even in the interior of the windpipe.

6. The sensibility of the windpipe to the touch of foreign bodies is far less than that of the larynx.

7. Hard and cold bodies, such as a probang, are never tolerated by the respiratory passages, although soft bodies which adhere to the mucous membrane, and have the same temperature as it, may remain in the trachea for several minutes without producing any repulsive effect.

Hip-joint Amputation.—Recovery.

Dr. A. M. Fauntleroy, of Staunton, Va., publishes in the *Richmond Medical Journal* an interesting case of successful hip-joint amputation. The patient, a soldier in a N. C. regiment, 37 years of age, farmer, with previous good health, had suffered amputation of the right thigh, Oct. 17, 1864, for gun-shot wound of knee-joint.

January 1. The stump had almost cicatrized, excepting two small fistulous openings, from which somewhat fœtid pus discharged, amounting to 4-5 ounces in 24 hours.

February 15. Discharge considerably increased in quantity. Exploration revealed the bone denuded of periosteum and much roughened.

March 11, 1865. The stump having been thoroughly explored and the bone found carious up to the head, while the periosteum appeared to be in a state of fatty degeneration, *amputation at the hip-joint* was performed, Drs. Glocker and Carter assisting.

Glenoid cavity found healthy. Digital compression was made over the pubic bone, upon the femoral vessel; arteries tied as they were cut; superficial and deep femoral vessels secured by ligation; flaps were made somewhat larger than usual in hip-joint amputation. Loss of arterial blood trifling; flaps secured by silver wire,—stump dry-dressed.

As soon as the patient was restored to consciousness half an ounce of whisky was administered every fifteen minutes until reaction became manifest, and artificial warmth applied. The patient rallied completely in a few hours, and drank during the day nearly a pint of cream and ate two soft-boiled eggs.

Patient convalesced well, under diet mainly of cream, eggs, milk, and batter cakes. Opiates as required, tinct. ferri, chlor. gtt. xx three times a day, and, later, cod-liver oil with aromatic sulphuric acid and whisky.

July 18, 1865. Patient started for his home, in enjoyment of most excellent health, and walking with facility about on his crutches.

The highly favorable progress and result in this case Dr. Fauntleroy attributes to the following circumstances: 1. The operation was expeditiously performed. 2. The mode of performance. 3. The small amount of primary hæmorrhage. 4. The comparatively little shock to the system; amputation at the lower third having been performed nearly five months previously, the patient may be said to have parted with his lower limb "*guttatim*." 5. The suppuration, did not exceed in quantity the amount frequently witnessed after ordinary thigh amputations. This is ascribed to the assiduous application of cold water.

Undoubtedly, however, the excellent, simple, but nourishing diet, and the favorable season of the year, and judicious medical treatment, as shown by the report, had also much to do with the favorable issue.

Muscular Paralysis after Diphtheritic Affections of the Fauces

Has been made the subject of observations by Dr. Karl Pagenstecher (*Elberfelder Hospitelbericht,—Mediz. Nenig K.*) The groups of muscles most likely to be thus affected were those of the eye, interfering with accommodation and motion; those of the pharynx, respiration, and lastly, of the extremities. In the paralytic affections of the eye, generally characterized as hypermetropia, with more or less complete paralysis of accommodation, the use of the calabar bean was followed by rapid and favorable results. A very interesting feature was frequently observed in the sudden disappearance of the paralysis of one muscle, and its attack of another. The disturbances caused by paralytic affections of the paryngeal and muscles of expiration were sometimes of a very violent character, causing, at the same time, difficulty of swallowing, breathing, speaking, and coughing; in such cases the voice was almost aphonic, coughing and expectoration nearly suspended, and the saliva, running into the rima glottidis, causing violent attacks of choking. The application of electricity in these forms of paresis, as well as in those of the extremities, had excellent effects. In paresis of the extremities, the catensors were mainly implicated, it never occurred without paresis of the muscles of the eye, or pharynx, existing at the same time.

The duration of these affections, under the influence of good diet, quinine and iron, is comparatively short—about four weeks.

Sustaining Treatment in Diphtheria.

Dr. A. G. Browning, of Mt. Carmel, Ky., publishes an article on diphtheria, in the *Cincinnati Lancet and Observer*. He considers diphtheria, of course, as a constitutional disease, but is also of opinion, that, in many instances, it is accompanied by the same miasmatic or malarious elements which are seen in the autumnal fevers, remittents, intermittents, and dysentery, although he does not claim their association as bearing the relation of cause and effect. Scrofulous, tubercular constitutions he has found especially obnoxious to the disease.

In his treatment Dr. Browning has always followed the indication, "to keep the patient alive, till he has time to get well;" in other words, to *support*, eliminate *materies morbi*, and restore lost or impaired function. In uncomplicated cases, chlorate of potassa, grs. x. to xx. every three or four hours, volatile liniment to throat, and full, generous diet at first. According as the characteristic depression becomes manifest after the initial fever, in the soft, frequent, and compressible pulse, rather moist and doughy surface, cool extremities, general languor, etc., he uses quinia alone, or combined with tinct. ferri.

chlor., alternating with potassa chlor.; whisky, when indicated, abundance of fresh air at all times. Antiphlogistics and purgatives are hurtful. *Locally*, Dr. Browning uses detergent gargles or washes, such as liq. sodæ chlor. ʒii. to water ℥ii., or, if the membrane is abundant and very firm, perchloride of iron, full strength, one or two applications in twenty-four hours.

Caustics are unreservedly condemned. But the main reliance is placed on the supporting treatment; of thirty-seven cases thus treated by Dr. Browning and his brother, none died.

Reviews and Book Notices.

NOTES ON BOOKS.

Ashton on Diseases of the Rectum.*

This author well remarks, that "in the whole range of surgical pathology, no class of diseases among civilized communities is so prevalent, causes more suffering, or induces so many varied and distressing sympathetic affections as those of the rectum." The diagnosis of such affections is often difficult, and their treatment a matter requiring much judgment. It is well, therefore, for every physician to have within reach a sound and thorough treatise upon them; such as we consider Mr. Ashton's book to be. We know of none better.

Glancing over his subjects, we find them to be: 1st. *Irritation and Itching of the Anus.* 2d. *Inflammation and Excoriation of the Anus.* 3d. *Excrescences of the Anal Region.* For these, when large, he advises excision; sometimes followed by use of nitrate of silver. 4th. *Contraction of the Anus.* One cause of this is the contact of syphilitic or gonorrhœal matter with the anus. Sometimes, however, it is congenital. The symptoms much resemble those of stricture higher up. Besides general treatment, dilatation with bougies is proper. 5th. *Fissure of the Anus and lower part of the Rectum.* This Mr. Ashton considers to be not only frequent, but a cause of more suffering, in proportion to the pathological condition of the structures involved, than any other disease; and yet it is much neglected by surgical writers.

In most recent cases Mr. Ashton does not think an operation necessary. A soothing application recommended is an unguent, of a drachm of extract of belladonna in an ounce of spermac ointment, or of ointment of acetate of lead. We venture to suggest, instead of the last, the cerate of *carbonate* of lead; made by mixing two drachms of carbonate of lead with an ounce of simple cerate. We would add another suggestion; that in all superficial fissures, of whatever part, *collodion*, softened by adding one fiftieth of glycerin, is an admirable application.

The operation often called for by intractable fissure of the anus is, of course, if the previous trial of cauterization fail, incision through the ulcer. Mr. Ashton follows Brodie and Syme in urging that a *very limited* incision only is necessary; not going through the sphincter.

6th. *Neuralgia of the Anus and Extremity of the Rectum.* 7th. *Inflammation of the Rectum.* In the sthenic form of this affection, and in plethoric individuals, Mr. Ashton advises taking blood locally by cupping over the sacrum and perineum, or by leeches around the anus. 8th. *Ulceration of the Rectum.*

9th. *Hemorrhoidal Affections.* This is perhaps the most important chapter in the book; and it is excellent. Discarding the common notion that piles are essentially *venous* enlargements (disproved by the familiar fact that when they bleed the blood is arterial), he quotes Montegre's classification of eight varieties of hemorrhoidal complaints; dwelling more, however, upon the practical distinction between *external* and *internal* hemorrhoids. An admirable description and history is given of both of these.

We think he exaggerates the danger from the *sloughing* of external piles, or of internal ones caught without the sphincter; from which, he says (p. 100), he has "seen the lives of several individuals nearly sacrificed." We have seen, as Brodie describes in the case of Horne Tooke, a spontaneous total cure thus produced as satisfactorily as by any operation.

As unguents, applicable, by means of a bougie, to painful internal piles, Mr. Ashton recommends combinations of opium, hyoscyamus or conium with spermaceti ointment (pulv. opii gr. x., vel ext. hyoscyam., vel ext. conii in ʒj.) The best local astringent for excessive bleeding he considers to be a solution of tannic acid; from a scruple to a drachm in six ounces of water. In the acute stage of large and tense external hemorrhoids, he advises evacuating the contained blood by a *free incision* with a bistoury.

For persistent external piles, he urges that the only satisfactory remedy is *excision*. For the *internal* which require operation, the *ligature* should always be preferred. Most internal piles can, however, be successfully treated without such surgical interference; by keeping the bowels easy, and injecting cold water or lime-water after each dejection, and other palliative means. The preference of the ligature for the removal of internal hemorrhoids is based on the danger of serious or fatal bleeding. It is justified by the experience not only of Mr. Ashton himself, but by that also of Sir A. Cooper, Brodie, and Syme. An ample

* *On the Diseases, Injuries and Malformations of the Rectum and Anus; with remarks on Habitual Constipation.* By T. J. Ashton, Fellow of the Royal Medico-Chirurg. Society, etc., etc. With Illustrations. Second American, from the Fourth and Revised English Edition, pp. 300. Philadelphia: Henry C. Lea, 1866. *Price* $3.25.

account is given, with wood-cuts, of all the necessary procedures. A considerable number of cases follows, to illustrate the subject.

Mr. Ashton treats in chapter X. of *Enlargement of Hemorrhoidal Veins.* For this he thinks regimen and medical treatment more available than surgical. XI. *Prolapsus of the Rectum.* If palliative management does not suffice for this, he advises, for the less severe forms, cauterization of the prolapsed mucous membrane with concentrated nitric acid. For more voluminous procidentia, *ligation* followed by *excision* is preferred. When it is not the mucous membrane but the sphincter ani that is in an abnormal state, excision from both sides of the anal margin, will be most likely to induce contraction, and restore support.

XII. *Abscess near the Rectum.* This and *Fistula*, chap. XIII, are very well discussed. We have space only to note Mr. Ashton's advice, that, for the acute stage or condition of the former, not only leeches, but general blood-letting may be necessary in robust and plethoric persons. Excellent remarks are made on the *mode of opening an abscess.* He prefers for this, in all cases, a straight bistoury, with a fine point, and smooth sharp edge. An abscess lancet, whose point, after insertion, is brought out by elevating it, gives, he considers, unnecessary pain. Moreover, a surgeon's knife should never be *plunged* anywhere; that saves neither time nor pain.

On fistula, we have not room to cite his observations. One important fact is quoted from M. Ribes; that the internal opening in fistula is *never more than an inch and a quarter from the anus.* While it is vain to hope that this affection can often be cured without an operation, it is satisfactory to know that an incision of limited extent will always suffice. It need not go *beyond* the internal opening into the bowel.

The other subjects treated of in this work are *Polypi of the Rectum*, *Stricture*, *Malignant Diseases*, *Injuries of*, and *Foreign Bodies in the Rectum*, *Malformations*, and *Habitual Constipation.* They are all well considered.

The first edition of Mr. Ashton's book was severely criticised, some years ago, for its want of originality, and large indebtedness to a work by a distinguished American author. It has now so much improved, however, that we may apply to it the old proverb,—"Ye goode wine needs no Bushe."

Semeleder on Rhinoscopy and Laryngoscopy.*

We have read the greater part of this book, not without a sense of fatigue. One must grow accustomed to it, or to its subject, to enjoy it; as one would to having a mirror in the fauces. Plainly written, however, as it is, it is full and intelligible. Every physician *ought*, of course, to be an adept with the laryngoscope; but how many are so? A man in large practice may see, we should suppose, half a dozen or more cases in a year in which it may be useful; and a score or so besides, in which it may be *used.* Every one therefore should, as a matter of duty, get an instrument and read this book. Let us quote the concluding enthusiastic words of Dr. Caswell, the Translator.

"The 'patience and perseverance' of the Germans, so wondered at by the French, and the German 'cold-bloodedness' which astonishes them so much, have again won a triumph. Czermak, to whom we owe all our progress in this department of surgery, can look back upon the last six years with contentment and pride. His name is forever united with the history of laryngoscopy, and I am proud to have been his earliest student. To him I dedicate these lines with grateful affection and friendly regard."

* *Rhinoscopy and Laryngoscopy; their value in Practical Medicine.* By Dr. Frederick Semeleder, Physician in Ordinary to His Majesty the Emperor of Mexico, etc., etc. Trans. from the German by Edward T. Caswell, M. D. . With wood-cuts and two chromo-lithographic plates. New York: William Wood and Co., 1866. *Price* $2.60.

The Principles of Surgery. By James Syme, F. R. S. E., Surgeon in Ordinary to the Queen in Scotland; Professor of Clinical Surgery in the University of Edinburgh; member of the General Medical Council, etc. etc. To which are appended his treatises on the Diseases of the Rectum, Stricture of the Urethra, and Fistula in Perineo, the Excision of Diseased Joints, and numerous additional contributions to the Pathology and Practice of Surgery. Edited by his former pupil, Donald Maclean, M. D., L. R. C. S. E., Professor of the Institutes of Medicine, and Lecturer on Clinical Surgery, Queen's University, Canada. Philadelphia: J. B. Lippincott & Co., 1866.

This volume is presented to the American profession at the suggestion of an old pupil of Professor Syme. Several editions of his Principles have been published, but we have in this, the fifth, considerable new and valuable matter introduced, and in addition, a collection of many valuable papers which have fallen from the pen of this distinguished Scotsman at different times. As a strong thinker, a clear forcible writer, and a bold operator, Prof. Syme has few, if any, superiors. Many of the subjects, however, are treated of in a very meagre manner, with too little attention to detail, while others are quite open to criticism in the light of modern pathology. That portion of the work devoted to the consideration of fractures is, we are sorry to say it, very much short of what the profession had a right to expect from one of Prof. Syme's reputation and experience. It would prove a sorry guide to one entering on the duties of his art in the United States, where so much attention has been given and so much valuable matter contributed to a grave subject. Withal, it is a valuable work; the work of a great mind. Nothing which comes from the hands of such a master can be lightly spoken of, and we commend it to our readers as worthy of an attentive perusal.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 10, 1866.

A SOCIAL EVIL—INFANTIPHOBIA.

There is to be found among a numerous class of American women, both among the ignorant and the educated,—more so, perhaps, among the latter, and not unfrequently among the highly educated, and those who pretend to refinement and culture, no less than those who claim to be guided by the experiences of religion,—a perversion of the moral instincts of human and *womanly* nature, which it is difficult to account for, and which, unfortunately, finding practical application in the relations of woman, as *wife* and *mother*, has given rise to a social evil, which is daily growing, and threatens to assume almost the character of a national vice. We allude to what may be expressed in one word, coined for the occasion—INFANTIPHOBIA.

Whatever views one may entertain regarding that favorite theme of modern philosophers and reformers—"*the sphere of woman*,"—and however deeply we may be impressed with the truth that somehow the conventionalities, if not the laws of society, have restricted woman's activity, and prevented her from developing, and utilizing to the fullest extent, her various talents in the business walks of life, and from realizing remuneration for work she performs, commensurate with the remumeration received by the other sex, for the same amount of work, it cannot be denied that there is *one sphere*, at least, in which, if she chooses, she can display without danger of restraint, her full powers and her greatest genius.

Or, can the audacity of the so-called "*progressive ideas*" of this century go really so far as to claim that the raising, bringing up, and educating of children, which was from times immemorial, even among the ancient heathen, considered a sacred one among the duties of the womanly sphere, is entitled to no more consideration than any of the common accidents of life? Can indifference regarding the highest moral obligations of man exercise a more baneful influence than just here, where it undermines the very foundation of society, and saps the roots upon which depends the healthy growth of the *family-life?*

For the life and healthy growth of a nation, the sound development and moral status of society, the happiness of communities of men, depend ultimately upon the condition of FAMILY-LIFE. If that is held together by the mere cohesive force of material interests and conventional traditions; if it is robbed of the high impulses of the better, spiritual part of man's nature; if expediency, outward show, and fashion, replace veneration, charity and love in the government of the family, we may be assured that the community, society, the nation, which is made up of this sort of family-life, equally lacks the high impulses of a pure, unselfish patriotism, and is destined to be wrecked finally upon the breakers of ungoverned ambition, and the chase after wealth and empire. The history of the downfall and ruin of old empires and republics has always been coëval with, and dated from the decay and rottenness of family-life.

Is it not a matter at which we may justly feel alarmed, when we see growing among American women a spirit of infantiphobia,—which calls children "nuisances," "encumbrances," and which does not stop at calling names, but leads to the employment of the most injurious and often criminal means of preventing increase of family? There are thousands of married women, who have been led by this "*fashionable*" spirit into physical and moral ruin, who are invalids for life, and over whose family circle hovers the dark shadow of maternal innocence and sanctity forever lost. What wonder if such homes are dreary and desolate? What wonder if the world is shocked at the fearful depravity of family-life, when by accident one case of thousands is brought before the public?

There is only one remedy. It consists in a radical change of female education. Girls are educated now to get married. But what after they are married? How many enter the bonds of matrimony, splendid parlor-specimens of womanhood, but unfit to make a home pleasant, cheerful, and attractive? A beautiful piece of embroidery, or a fluent conversation on the ancient and modern poets, are no recompenses for a miserable dinner, and a disorderly household. We know of many parents who allow their daughters to sit in silk and satin all day, painting, novel-reading, and doing nothing,—waiting to get married. When they do get married, they know neither how to take care of themselves, their husbands or their children. And as the latter are of some trouble to the *best* of mothers, no wonder if these poor miseducated girls fall into the traps of abortionists, and become firmly converted to INFANTIPHOBIA.

This is plain talk, but it is needed. The influence of physicians is great in directing family sentiment and education; and it is our duty to counteract with all our might this rapidly growing evil.

Notes and Comments.

Alcohol as an Antidote for Strychnia.

The *Dublin Medical Press* in one of its recent numbers copied from the Reporter Dr. Farnsworth's case of strychnine poisoning. In the number following, Dr. Samuel Haughton, of Trinity College, Dublin, publishes a short letter, in which he objects to the interpretation given by Dr. Farnsworth of the antidotal effects of alcohol, and suggests that, as the strychnia was taken with chewing-tobacco, "it is quite clear that the well known antidote, nicotine, was taken with the strychnia," and "that the cure should be set down to the tobacco, and not to the gin."

We cannot see why this should be quite clear. The account of the case clearly states that tetanic convulsions, characteristic of strychnine poisoning, *did* occur; the tobacco, containing the strychnine, was used, as ordinarily, by an habitual chewer, and it is difficult to believe that a sufficient amount of nicotine was present in the tobacco to counteract the large dose of strychnia taken; the simple fact that the spasms occurred is, in itself, proof that the tobacco-juice which had been swallowed was not a sufficient antidote. Furthermore, the convulsions ceased in a couple of hours, after the rapid administration of over a half-pint of strong gin—with *very little signs of intoxication*. Dr. Haughton's strictures on Dr. Farnsworth's conclusions are, we think, untenable.

The Philadelphia Hospital Association.

On Thursday evening, Feb. 1st, this Society held its regular monthly meeting. A goodly number of the members were present, notwithstanding the fact that several of those who usually take an active part in the exercises, were unavoidably detained by professional duties.

An interesting paper on Acupressure, illustrated by drawings, was read by Dr. Waples, Resident Pyhsician at the Philadelphia Hospital.

This association, composed of the resident and ex-residents of nearly all the city hospitals, promises to become one of the most important and useful of the many medical societies having an existence in this city. It has for its object the reporting of interesting cases as they occur in the city hospitals, and also the presenting of rare pathological specimens. All the members are thoroughly interested, and it is decidedly a *live society*. Long may it continue to exert a favorable influence on the medical profession of Philadelphia.

A Silver Wedding.

Tokens of appreciation, in the form of golden and silver weddings, and presents of money and other valuables, are so common now-a-days toward clergymen, as scarcely to excite notice. But it is seldom, indeed, that a member of the medical profession is so favored. Such, however, was the happy experience, on the 6th ult., of Dr. S. W. Thayer, of Burlington, Vermont, and his wife, on the twenty-fifth anniversary of their wedding-day. They were the recipients of a note of congratulation from a number of their neighbors and friends, accompanied with substantial tokens of regard. The following is the note:

"*Burlington, Vt., Jan.* 6, 1866.

"Dr. Thayer and Mrs. Thayer:

"The undersigned, a few of your friends, beg leave to offer for your acceptance on this auspicious occasion of your "silver wedding," the accompanying service of plate, and watch and chain, as mementos to yourselves of the happy and useful years that have been passed to your credit in the "Book of Time;" and to us, as well as to you, not only as slight but earnest tokens of the friendship and respect with which we, in common with our fellow-citizens of Vermont, regard you personally, but of the high appreciation with which the whole people view the vigorous, faithful, and efficient efforts of Doctor Thayer to alleviate and remove to the utmost the hardships and sufferings of the soldiers of Vermont, in field and hospital, during the late rebellion, a work which many widows and orphans, and all soldiers gratefully remember, and which will add radiance even to the happy day when the gliding years shall bring you, (as we hope,) with added honors and riper years, to your wedding of gold."

We will leave our readers to imagine Doctor Thayer's reply, only remarking that it was worthy of the occasion.

"The gifts referred to were a costly gold watch, of American manufacture, (by Howard & Co., of Roxbury, Mass.,) costing $250, and whose value as a time-keeper even surpasses that of its rich and heavy hunting-case, and costly chain; and a superb table service of silver-plate, of over sixty pieces, at a cost of over 700 dollars—comprising a large tea salver, richly engraved, tea set of six pieces, elegant coffee urn, ice pitcher, salver, and goblets, dinner and breakfast castors, a dozen each of silver forks, dinner and dessert knives, and nut-picks, pickle-castor, revolving butter-dish, syrup-cup, call-bell, etc. A number of the Doctor's friends assembled at his house on Saturday evening, to add their greetings and congratulations to their gifts, which were by no means confined to those we have mentioned. In addition to these, a table was covered with beautiful presents, among which were an elegant wine-stand of silver, with bottles and goblets of Bohemian glass, the joint offering of several gentlemen, a rich solid silver cake dish from Mrs. De Forest, of New York, butter-

dish from Hon. and Mrs Portus Baxter, butter-dish and saltcellars from the Doctor's medical class, cake-basket from Dr. and Mrs. Carpenter, a silver dollar from C. P. Thayer, and a number of spoons, saltcellars, butter-knives, etc., from others. All present were most cordially welcomed and hospitably entertained by the genial Doctor and Mrs. Thayer, and made to feel that the chief value to them of these beautiful offerings lay in the good-will and respect, of which they were the testimonials."

To the friends of our readers we say, "Go thou, and do likewise."

Philadelphia Hospital.

This hospital has a very large class, and its clinical material is abundant and unsurpassed. Professor Alfred Stillé is conducting the medical, and Dr. R. J. Levis the surgical clinics. The nitrous oxide gas is used very satisfactorily as an anæsthetic at the surgical clinics.

☞ Stevens Brothers, 17 Henrietta street, Covent Garden, London, England, send us their catalogue of books and periodicals. They are general agents for and deal largely in American books and periodicals, and will attend promptly to any orders sent them.

Philadelphia County Medical Society.

The next conversational meeting of this Society will be held on Wednesday evening, the 14th day of February inst. The discussion will be on *Puerperal Fever*, which was continued from a former meeting, and will be introduced by Prof. S. D. Harlow, M. D.

New Medical Journals.

Several new medical journals are announced.

Drs. J. G. & W. E. Westmoreland, of Atlanta, Ga., announce the re-issue of the *Atlanta Medical and Surgical Journal.*

Dr. John McCoy, Indianapolis, Indiana, announces a new medical journal to be issued in that city, the first number to be issued this month.

We have received the Prospectus of the "*Detroit Review of Medicine and Pharmacy.*" The first number will be issued in March. It will be a monthly, at $3 per annum.

We have also received the January and February numbers of the *Journal of Materia Medica*, published by Tilden, of New Lebanon, N. Y.

Treatment of Cholera Infantum.

Prof. Pollitzer, of Vienna, in a treatise on this subject, published in the *Oesterr. Jahrb. für Kinderheilk.*, strongly recommends the use of camphor in acute intestinal catarrh and cholera infantum—the earlier in the disease the better.

Correspondence.

FOREIGN.

U. S. Mail Steamer Fulton,
At sea, Jan. 4, 1866.

On the "Roiling Sea."

Editor Medical and Surgical Reporter:

Finding myself, during the past summer and autumn, the subject of an unpleasant catarrhal trouble, affecting chiefly the Schneiderian and bronchial membranes, I concluded, instead of confining myself to artificial methods of treatment, to avail myself of an opportunity offered by the reëstablishment of the New York and Havre line of steam packets, (withdrawn during the war,) to accept the post of Surgeon on board this vessel, and thereby seek the advice of that long famous physician, Dr. Neptune. Though assured, in advance, of the nature of his prescriptions, I yet longed to meet him *vis à vis*, in his own home, and accordingly left New York on the 23d of December, knowing that, being once committed to his care, there would be no possibility of escape from his routine of practice.

In about twenty-four hours after quitting *terra firma*, the influence of his recipe began to be apparent, and for ten days, he has kept me under the action of his favorite and almost universal medicine, nauseants and emetics. The effect thereof upon the bronchial disturbance has been most decided, all cough having almost immediately subsided, and returned, in a very slight degree, only since being released from the emetic influence.

The phenomena of the ocean have thus far proved very interesting and of great variety, and have been doubly enjoyed on account of the very substantial and security-giving character of our noble transport, which, amid some heavy gales and storms, has proved herself a first-rate sea boat. It being my intention to return by the same conveyance, I will defer any account of the sea scenes to some future opportunity.

The Ship's Surgeon.

Just before leaving home, I received a request from a young professional brother, to aid him in procuring a position similar to that I now temporarily hold, viz., surgeon of a passenger ship. As there are, probably, many making their exit every year from medical colleges, desirous of obtaining similar positions, either temporarily or permanently, it has occurred to me to describe for your and their information what I may understand of the character, advantages, and disadvantages of such positions in general.

In the first place, taking a practical view of the duties of the post, its occupant must be not

only the physician and surgeon, but also the apothecary of the ship, and to be successful in the latter, must be familiar with the *quantities* of medicines without the opportunity of weighing, as amid the pitching and swinging of his little sanctum of a shop on deck, scales and weights are of very little use. Fluids are, however, easily measured, and as these are most generally available, the above is but a minimum difficulty, even with those least familiar with the druggist's art.

A more important consideration is the personal advantages derivable from the office. These consist, first, of a good living for the time, with pay in reasonable, though variable amount, (on this line, $70 a month); second, an occasional opportunity for a fee from the passengers for the treatment of accidents, or diseases incident to exposures, either on sea or on land before leaving, (the crew only having a claim to the surgeon's free aid); third, the familiar acquaintances made among the passengers, which may, in some instances, be of use in after life; fourth, the opportunity afforded, though very brief, of visiting foreign lands.

As a general rule, the surgeon, being part of the crew, must sign the "ship's articles," binding himself to complete the full voyage, *i. e.*, return with her; at least, he is in honor bound to do so.

For a few trips in this capacity, it will be seen, therefore, that the advantages are such as to justify the movement, for a young beginner, before settling down permanently on land.

The disadvantages incident to this post, refer chiefly to its permanent tenure, whereby the incumbent is deprived not only of the advantages of all professional associations and society, and enjoys very little of those opportunities so essential to improvement in the knowledge of the science and art of medicine, but also closes against him, almost wholly, the facilities for securing a good practice and living for his advanced life. Every dry-land practitioner has to rely, in great measure, for success in business, upon his reputation among his fellow-citizens, and for this he embraces every occasion to secure acquaintances, extensive, influential, and permanent. For all this, and for opportunities of study and writing, "a life on the ocean wave, and a home on the rolling deep" affords as little prospect as for a solid road on which to travel to visit his patients. There is no promotion, and can be no permanent practice at sea.

This brief enumeration of the *pros* and *cons* may suffice to present the subject in sufficient force to enable any of your numerous readers, who have occasion to consider it, to discuss it more at length, and therefore, I here let it drop.

The number of passengers at this season of the year is small, but on this occasion, the company consists, almost unanimously, of gentlemen and ladies of marked education and intelligence, travellers for pleasure mostly, and a few for business. A few evenings since, on my motion, they were assembled in the cabin, (constituting what was dubbed "The Fulton Itinerary Philosophical Society,") to listen to a highly interesting essay, by a townsman of yours, on the origin of the Gulf Stream, an abstract of which I will give you in my next letter.

Very truly yours,

John H. Griscom.

DOMESTIC.

Nitrous-oxide Gas in Capital Operations.

Editor Medical and Surgical Reporter:

I observe in your last number, January 27th, a communication from Dr. Ellsworth, of Hartford, in which he states that I was in error in supposing that I was the first to perform a capital surgical operation under the influence of nitrous-oxide gas, as he had amputated a limb eighteen years ago, Dr. Wells himself administering the gas. I was aware, when I wrote my letter on this subject, that one or more surgical operations had been performed in Hartford, about the time of Well's discovery. I therefore, if you will observe, distinctly stated that mine are the first capital operations performed under the influence of the gas, *since* the discovery of Wells, meaning since that epoch. I did not lay claim to any priority in the use of the gas, nor to any particular merit, except that of reviving its use for surgical purposes, after it had been abandoned in favor of chloroform and ether for nearly eighteen years, and proving and corroborating the fact that it is preferable to either, and perfectly suitable for all surgical operations of short duration.

I am pleased to find that so distinguished a surgeon as Dr. Ellsworth, should have been one of the first to practically demonstrate the anæsthetic qualities of nitrous-oxide gas in surgery proper.

Since my letter in December, I have performed four more capital operations upon adults, viz., one amputation of the thigh, one of the leg, the removal of a tumor from the side, and the extraction of a cataract, making in all, since last July, seven successful capital operations under the influence of anæsthesia produced by the nitrous-oxide gas. I have also, during this time, used chloroform and ether in many operations, and my opinion in regard to the superiority of the nitrous-oxide as an anæsthetic, is still unchanged. I believe, however, that there is great room for improvement in the mode of administration of the gas; one principal fault at present being the repeated inhalation of the same material. An instrument which will act by a valvular arrangement, as in Reed's stomach-pump, would obviate this difficulty, and I have no doubt but that some skilful mechanician will produce one that will meet the necessary requirements.

The necessity which exists for some anæsthetic agent which will enable the patient to place him-

self in the hands of the operator without fear of the unpleasant, dangerous, and sometime fatal effects of chloroform and sulphuric ether, renders the consideration of this subject a matter of much importance to the profession and to the world at large, and the elucidation and record of new facts connected with it may be made the basis of future improvements.

With the exception of the undoubted claim which Wells has to the discovery of anæsthesia for surgical purposes, I regard the historical part of the subject as of comparatively small import. As the matter now stands, however, by reference to Senator Truman Smith's Congressional report, referred to by Dr. Ellsworth, I find that on August 17th, 1847, Dr. E. E. Marcy, then of Hartford, now of this city, removed a scirrhous testicle; that on January 1st, 1848, Dr. P. W. Ellsworth, of Hartford, performed an amputation of the thigh on a boy, and that, three days after, Dr. S. B. Beresford, of the same place, removed an adipose tumor, six ounces in weight, from the shoulder of an adult.

Since these operations, performed at the time of Wells' discovery, nitrous-oxide gas, as an anæsthetic, has been absolutely abandoned in capital surgery, until my operation, the extirpation of a cancerous mammary tumor, with enlarged cancerous glands in the axilla, on the 22d of July, 1865, an interval of about eighteen years. The period of time (sixteen minutes) that the patient was kept under the influence of the gas, during that operation, is, as far as I know, the longest on record. I must state, however, that during this time, the bag containing the gas was removed several times from the mouth of the patient, in order that the lungs might be injected with atmospheric air.

The subject now remains open for future experiment to develope the further capabilities of the nitrous-exide gas as an anæsthetic agent.

J. M. Carnochan, M. D.

New York, Jan. 30, 1866.

Nitrous Oxide.

Editor Medical and Surgical Reporter:

Your reviewer, in his notice of "Sansom on Chloroform," when speaking of *nitrous oxide* as an anæsthetic, says: "We ask, by the way, and would like to see answered, the query, what becomes, in the now increasing and successful use of nitrous oxide in surgery, of the wild excitement familiar to every student of chemistry."

The gas may be given so as to produce "wild excitement;" or it may be administered so as to produce perfect anæsthesia in about one minute. This difference in the effects of the gas, is found in the *quantity* given, and in the *manner* of administering it. Your chemist, who gives it to his student for amusement, uses a small bag of the capacity of two or three gallons, with a mouth-piece of small calibre, and allows the air to mingle with the gas in the lungs.

Now, if instead of this minature apparatus, you use a six or eight gallon bag with a mouth-piece having a calibre of at least five-eighths of an inch, and having closed the nostrils of the patient, introduce the mouth-piece after an expiration, taking care that the lips are perfectly closed around it, so that no air shall enter, you will have no "wild excitement," but perfect anæsthesia.

Charles H. Shears, M. D.

Sharon, Ct., Jan. 22, 1866.

News and Miscellany.

Philadelphia County Medical Society.

At the annual meeting held on the 17th day of January, 1866, the following officers and delegates were elected for the ensuing year:

President—Dr. Wm. Mayburry.

Vice-Presidents, { Dr. Robert Burns, " Wm. L. Knight.

Recording Secretary—Dr. Wm. B. Atkinson.

Assistant Recording Secretary—Dr. H. Y. Evans.

Corresponding Secretary—Dr. H. St. Clair Ash.

Treasurer—Dr. Andrew Nebinger.

Censor—Dr. A. H. Fish.

Delegates to the American Medical Association.

Dr. H. St. Clair Ash,	Dr. N. L. Hatfield,
" W. L. Atlee,	" Wilson Jewell,
" Robert Burns,	" W. L. Knight,
" C. S. Boker,	" Jas. J. Levick,
" A. Cheeseman,	" William Mayburry,
" James M. Corse,	" A. Nebinger,
" David Gilbert,	" Winthrop Sargent,
" George Hamilton,	" E. B. Shapleigh.

The Delegates to the American Medical Association, from the Medical Society of the State of Pennsylvania, who are members of the Philadelphia Co. Medical Society are:

Dr. L. P. Gebhard, Dr. J. H. Smaltz.

Delegates to the Medical Society of the State of Pennsylvania, which will meet at Kingston, in Luzerne county, on Wednesday, the 13th day of June next:

Dr. H. St. Clair Ash,	Dr. J. F. Lamb,
" W. L. Atlee,	" Joseph Leidy,
" C. S. Boker,	" R. H. Lee,
" Jno. Bell,	" A. S. McMurray,
" W. H. Bunn,	" A. Nebinger,
" James M. Corse,	" B. Price,
" Joseph R. Coad,	" W. M. L. Richards,
" R. J. Dunglison,	" W. Sargent,
" H. Y. Evans,	" A. M. Slocum,
" Lewis P. Gebhard,	" L. S. Somers,
" A. W. Griffiths,	" J. H. Smaltz,
" Thomas Hay,	" J. G. Stetler,
" A. G. B. Hinkle,	" S. N. Troth,
" H. Lenox Hodge,	" L. Turnbull,
" Wilson Jewell,	" Ellerslie Wallace,
" A. L. Kennedy,	" Charles F. Wittig.

The following is a list of the ex-officio Delegates from Philadelphia to the Medical Society of the State of Pennsylvania:

Dr. W. B. Atkinson,	Dr. N. L. Hatfield,
" D. Francis Condie,	" William Mayburry.
" A. H. Fish,	

Council of Hygiene.

(Citizens' Association of New York.)

Officers.—Joseph M. Smith, M. D., *President.*
Willard Parker, M. D., *Vice-Presid't.*
Stephen Smith, M. D., *Secretary.*

Members.—Edward Delafield, M. D., James Anderson, M. D., James R. Wood, M. D., Alonzo Clark, M. D., Elisha Harris, M. D., Isaac E. Taylor, M. D., Alfred C. Post, M. D., Henry D. Bulkley, M. D., R. Ogden Doremus, M. D., Charles Henschel, M. D., John W. Draper, M. D., Gurdon Buck, M. D.

Organizations for Effecting Sanitary Improvements of Towns, and for the Prevention and Mitigation of Cholera.

At a meeting of the Council of Hygiene, held December 10th, the following preamble and resolutions were unanimously adopted:

Whereas, the commercial and social relations of the cities, villages, and communities of the State have become so intimate by the great facilities for travel, that contagious, infectious, and epidemic diseases are rapidly and widely disseminated from populous towns, where they are fostered and frequently generated by the neglect of sanitary works, to other towns along the principal public thoroughfares, and to the most remote rural districts; and

Whereas, cholera, the most fatal of modern epidemics, and soon apparently to visit this country, is governed by the same law of progression as other pestilential diseases, spreading from town to town along the great routes of travel, and selecting the filthy and unclean districts of cities for its ravages; and

Whereas, experience teaches that the communicable diseases of towns and epidemic cholera may be controlled, and frequently suppressed, by the timely and rigid enforcement of proper sanitary regulations; and that when the latter is prevailing its severity may be greatly mitigated, and its fatal issues prevented by the prompt and efficient treatment of its premonitary symptoms; therefore

Resolved, That the people of this State have a common interest in the public health of its cities and villages; and, for their own safety, as well as for the public good, should, with united effort, sustain every measure designed to effect sanitary improvements of towns, and to prevent the spread of pestilential diseases therefrom.

Resolved, That in view of the approach of Asiatic cholera, we urge the medical profession of the State of New York to form voluntary organizations in every city, town, village, and community exposed to an attack of the epidemic, for the purpose of effecting, *first*, needed local sanitary improvements; and, *second*, to organize a corps of house-to-house visitors, who, in the event of the prevalence of cholera, shall visit the poor at their homes daily, and search out and promptly treat all cases of premonitory diarrhœa.

Resolved, That all such organizations be invited to correspond directly with this council, and with each other, in order to concert of action in the adoption and prosecution of measures of prevention and mitigation of cholera, and for the purpose of a systematic study of its various phenomena over a large field.

Gunpowder Marks.

Dr. H. Davies states in the *London Lancet* that he has found the following treatment most successful: Smear the scorched surface with glycerine, by means of a feather, then apply cotton wadding; lastly, cover with oil silk. In one case the discoloration was very great, the patient looking more like a mummy than a living being. It entirely subsided in a month by the above treatment.

Treatment of Phthisis.

Dr. Fuster reported some time ago, before the Paris Academy, his treatment of phthisis, as employed with good results at the clinic in Montpellier, under his charge. It consists in the use of raw mutton or beef, given in conjunction with strongly diluted alcohol, in small doses. The meat, finely minced is given, rolled up in sugar, or in a saccharine electuary, in teaspoonful doses *ad* 3—10 ounces per day. An alcoholic solution, 1 part (20 0) of alcohol, to three parts of some sweet vehicle is given, a teaspoonful every hour. Doses and time, however, modified by the patient's individuality.

AMERICAN MEDICAL ASSOCIATION.

General Committees.

The Seventeenth Annual Session will be held in the city of Baltimore, on Tuesday, May 1, 1866.

The following Committees are expected to report:

On Prize Essays, Dr. Austin Flint, Sr., New York, Chairman.

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On so-called Spotted Fever, Dr. Jas. J. Levick, Pa., Chairman.

On Ligature of the Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Tracheotomy in Membranous Croup, Dr. Alex. N. Dougherty, N. J., Chairman.

On Rank of Medical Corps in the Army, Dr. C. S. Tripler, U. S. A., Chairman.

On Rank of Medical Corps in the Navy, Dr. T. L. Smith, N. Y., Chairman.

On Medical Literature, Dr. C. A. Lee, N. Y., Chairman.

On Medical Education, Dr. Samuel D. Gross, Pa., Chairman.

On American Necrology, Dr. C. C. Cox, Md., Chairman.

On Patent Rights and Medical Men, Dr. Prince, Ill., Chairman.

On Alcohol and its Relations to Man, Dr. Gerard E. Morgan, Md., Chairman.

On Insanity, Dr. Alfred Hitchcock, Mass., Chairman.

On Milk Sickness, Dr. Robert Thompson, Ohio, Chairman.

On the Relation which the Doctrine of the Correlation and Conservation of Forces bears to the Physiological and Pathological Condition of the Human System, Dr. S. L. Loomis, D. C., Chairman.

On the Progress of Medical Science, Dr. Jerome Candee Smith, N. Y., Chairman.

On Diphtheria, Dr. H. D. Holton, Vt., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edw. Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities in their Influence on Health, Dr, Wilson Jewell, Pa., Chairman.

What Effect has Civilization on the Duration of Human Life? Dr. Augustus A. Gould, Mass., Chairman.

On Disinfectants, Dr. E. M. Hunt, N. J., Chairman.

On Compulsory Vaccination, Dr. A. Nelson Bell, N. Y., Chairman.

On Strangulated Hernia, Dr. W. F. Peck, Iowa, Chairman.

On the Causes and Pathology of Pyæmia, Dr. J. J. Woodward, U. S. A., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.

On the Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria, and Scarlatina, Dr. N. S. Davis, Ill., Chairman.

On Meteorology, Medical Topography, and Epidemics,—Dr. J. C. Weston, Me.; Dr. P. A Stackpole, N. H.; Dr. C. L. Allen, Vt.; Dr. A. C. Garratt, Mass.; Dr. C. W. Parsons, R. I.; Dr. B. H. Catlin, Conn.; Dr. E. M. Chapman, N. Y.; Dr. E. M. Hunt, N. J.; Dr. D. Francis Condie, Pa.; Dr. T. Antisell, D. C.; Dr. O. S. Mahon, Md.; Dr. T. M. Logan, Cal.; Dr. R. C Hamill, Ill.; Dr. J. W. H. Baker, Iowa; Dr. Abm. Sager, Mich.; Dr. S. W. Russell, Ohio.

Wm. B. Atkinson,
Permanent Secretary, Philadelphia.

Disinfectants.

The profession are respectfully requested to respond at their earliest convenience to the following queries, as this time, when the minds of the profession are especially turned toward prophylactic and preventive agencies, is favorable for eliciting facts and experience as to disinfectants, so that we may have definite views in advance of any anticipated epidemic :

1. How many forms of miasm do you recognize as amenable to disinfectants?
2. Name all the disinfectants known to you, and refer to any sources of information in respect to them.
3. Which is the most valuable preparation of chlorine, for purposes of disinfection, and the best method of using it?
4. In naming various disinfectants, state the best test of their efficacy, and their relative economy, and the most approved methods of use.
5. Are you able to recognize distinct classifications of disinfectants, according as they purify by dilution as common air, or by expulsion as lime, or by chemical neutralization as chlorine, and if so, thus specify them?
6. What is the best method of fumigating infected ships, buildings, or clothing?
7. How far is it best to disturb noxious matter in hot weather?
8. What modifications are desirable in our large cities as to cellars, sinks, sewers, out-houses, and urinals?
9. How is personal cleanliness best promoted?
10. How far can disinfectants be advantageously applied to, or worn upon the person?
11. Give your accurate experience in the use of disinfectants.

If the members of our profession will respond to these inquiries, and add such other items as they may regard germain to the subject, the favor will be duly acknowledged, and we shall in due time be able to collect an amount of valuable information upon the whole subject. It cannot but have impressed any one whose attention has been turned in this direction, that there is far more of eloquent appeal just now as to the duty of being ready for a scourge, than accurate information as to the precise action and method of use of disinfectants, and if definite and classified facts, and specific results can be compiled, so that the profession and the public may know better what to do, and how to do it, a grand desideratum will be attained. Please direct,

Dr. E. M. Hunt, *Metuchen, N. J.*,
Chairman Com. Am. Med. Association.

MARRIED.

Boynton—Sawyers.—In Nashville, Tenn., Jan. 17, by Rev. Thos. W. Humes, Dr. D. T. Boynton, of Ohio, and Mrs. Sue C. Sawyers, daughter of Gov. W. G. Brownlow.

Hunt—Hugg.—On the 31st ult., by the Rev. S. Vansant, H. F. Hunt, M. D, and Miss Theresa Hugg, all of Camden, N. J.

Parker—Carder.—In La Grange, Ky., on the 25th ult., by the Rev. G. B. Moore, Dr. A. G. Parker, of Grenada, Miss., and Miss Alice M. Carder, of the former place.

DIED.

Barclay.—Entered into rest, December 7th, 1865, at sea, near Rio de Janeiro, John O'Connor Barclay, M. D., Surgeon, U. S. Navy, aged 50 years.

Berger.—In New York, on Thursday, Feb. 1, Francis Elvi Berger, M. D., in the 77th year of his age.

Claiborne.—At Roslin, the residence of his father, in Brunswick county, Va., on the 25th ult, in the 28th year of his age, Dr. G. Weldon Claiborne, formerly of Richmond.

ANSWERS TO CORRESPONDENTS.

Dr. S. B., Oldtown, Me.—The Autobiography of Brodie has not been republished in this country, and we cannot obtain a copy of the English edition in this city.

Dr. W. C. M., Cairo, Ill.—It is recommended by some to preserve vaccine virus by *dissolving it in glycerine.* Dr. D. Prince of Jacksonville, Ill, recommends enveloping the vaccine scab in paper, and putting it on some *powdered exsiccated alum* in a wide-mouthed bottle. The alum having a strong affinity for water, absorbs all moisture, and thus protects the virus. The virus keeps best in glass vessels.

Dr. S. Y, Auburn, Me.—We can send you Hypodermic Injections, by Antoine Ruppaner. Price $1.25.

Dr. M. R. B., Livermore, Pa.—Wilson's Anatomy, sent by mail, January 30th.

Dr. J. F. W., Aledo, Ill.—Colpeurynter, sent by mail, January 30th.

Dr. B. D. K., Tolono, Ill.—Hammond on Wakefulness, sent by mail, January 30th.

Dr. I. E. C., Smyrna, Del.—Lallemande's Porte Caustique, sent by Adams' Express, January 29th.

Dr. O. P. S, Sandy Springs, Md.—Tooth Forceps and Elevator, sent by Adams' Express, January 31st.

Dr. E H., Willimantic, Conn.—Bone Forceps, sent by Adams' Express, January 31st.

Dr. J. W. B., Tremont, Pa.—One Glass Uterine Speculum. one Stomach Pump, sent by Howard's Express, February 3d.

Dr. B. will please remember Hand Book, price $1.25.

Dr. T. B., Paris, Me.—Davis' History of Am. Med. Association, sent by mail, February 3d.

METEOROLOGY.

Jan. 1866,	22,	23,	24,	25,	26,	27,	28.
Wind.....	W.	N. E.	N. E.	N. E.	W.	N. E.	N. E.
Weather.....	Clear.	Cl'dy, Snow.	Cl'dy, Snow 5 inc.	Cl'dy, Rain.	Cl'dy,	Cl'dy.	Cl'dy.
Depth Rain.....				8-10			
Thermometer.							
Minimum.....	12°	18°	18°	27°	28°	20°	17°
At 8 A. M.....	19	25	27	36	35	26	25
At 12 M.....	30	31	28	36	37	29	29
At 3 P. M.....	29	32	29	37	38	30	30
Mean.....	22.50	26.50	25.50	34.	33.25	26.25	25.25
Barometer.							
At 12 M.....	30.3	30.4	30.3	29.8	29.9	30.2	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 468.] PHILADELPHIA, FEBRUARY 17, 1866. [Vol. XIV.—No. 7.

Original Department.

Communications.

CASE OF CELLULITUS WITH GANGRENOUS TENDENCY.

By O. A. Judson, M.D.,

Of Philadelphia, Pa.

On the 28th of July last, I received the following order:

Surgeon-General's Office,
Washington City, D. C., July 28, 1865.

Sir:

In compliance with instructions from the Hon. Secretary of War, the Surgeon-General directs that you proceed this evening to Cleveland, Ohio, to visit, in consultation with the Surgeon-General of Ohio, Governor Brough, of that State, now sick in Cleveland.

* * * * * *

By order of the Surgeon-General,

(Signed) C. H. Crane,
Surgeon, U. S. A.

Brevet Colonel O. A. Judson,
Surgeon, U. S. Vols.

In conformity with these instructions, a consultation was held at Governor Brough's residence on the morning of July 30th, at which were present Dr. William Strong, his family physician, Dr. R. N. Barr, Surgeon-General of Ohio, Professor G. C. Weber, of the Cleveland Medical College, and myself; and a history of the case was obtained from Surgeon-General Barr.

It appeared, from his statement, that as early as the first of May, the Governor observed and was inconvenienced by a succession of ordinary phlegmons, occurring chiefly on the lower extremities. His general health being so good and the inconvenience so trifling, he did not seek medical counsel until about the first of June, when the phlegmons showed a tendency to increase in numbers.

On or about June 15th, while addressing a regiment of returned volunteers, from the steps of the State House in Columbus, he placed his foot upon a loose pebble, and developed, as he thought, another boil. An inflammation, supposed to be periosteal in character, resulted at the articulation of the fourth and fifth phalanges with the metatarsus of the right foot. Suppuration occurred within a week, and the abscess was opened. Shortly afterward, severe pain and swelling, followed by sloughing sinuses, occurred in the affected region; the fifth toe became gangrenous and was removed by Dr. Strong, and the sinuses invaded the theca of the extensor tendons.

Secondary abscesses of various sizes now began to make their appearance on all parts of the body, the majority of these being quite small and superficial; the most of them occurring on the thighs and legs, were attended with considerable inflammation at their bases, and the pus was thin and shreddy. These purulent deposits had no demonstrable connection with the original seat of injury. They appeared larger and more numerous in the perineal and inguinal regions, and the inguinal glands had been lost by sloughing.

On the 17th of July, a marked chill had occurred, followed by occasional rigors and slight irregular febrile exacerbations. There had been no headache, but for three or four days previous to July 30th, an irregular delirium was observed. No cough, icteric tinge of conjunctiva, marked hectic, or exhausting sweats had occurred, but at intervals there had been an easily controllable diarrhœa.

July 30th. Saw Governor Brough to-day, in consultation with the medical gentlemen above named. He still exhibits immense adipose development, and weighs perhaps 225 pounds, his normal weight being about 300. His countenance is clear, temperature of skin normal, intellect unimpaired, spirits cheerful, pulse 100, but deficient in volume, appetite and digestion good, excreta normal. He is reported as a man of great muscular power, not addicted to excesses of any kind, and has never manifested any tendency to organic disease until this time.

All the abscesses that have been opened, together with a small anthrax near the fifth dorsal vertebra, are granulating well, and a tumor, of the size of a goose-egg, has formed in the triangle of Scarpa, left thigh. There are no signs of purulent deposit in any of the joints. The abscesses vary in size from the circumference of

a split pea to that of a silver dollar, and the smaller are subcuticular, and sometimes umbilicated in form; the larger appear to originate in the deeper connective tissue. These abscesses are said to be diminishing in number, but already more than thirty have formed on the trunk and lower limbs.

The patient was placed under a generous diet of animal food, with a half-pint of sherry or four ounces of brandy daily, iron and quinine, with anodynes at night, and frequent ablutions of the surface with alcohol.

July 31st. The abscess below Poupart's ligament was opened, and discharged two ounces of healthy pus. No new abscesses are perceptible. The indolent discharging sacs were treated by the application of pledgets of lint dipped in a solution of sulphate of copper, (one scruple to the ounce.) Constitutional condition unchanged. Although confined to the bed, it is more on account of the foot disabling him from locomotion, than from weakness.

Aug. 2d. During the past forty-eight hours, more pain and tension have been experienced in the foot, and a marbled appearance below the external malleolus indicates sloughing. A sinus has extended along the sheath of the extensor tendons from the stump of the amputated toe, which was laid open and dressed with the cupreous solution. Treatment continued.

3d. No improvement in symptoms. An attack of syncope, yesterday afternoon, was followed by a frequent and feeble pulse, slight delirium, and a copious sweat during the night. This morning, the granulations generally are discharging healthy pus. The phagedæna has extended slightly toward the tendo-Achillis. The patient is comfortable this morning, but manifestly shattered by these numerous phlogoses, and his ability to resist the encroachments of gangrene is diminishing.

4th. Weakness increasing. Tendency to bedsores perceptible over the trochanters. Delirium more marked.

5th. No material change in symptoms.

7th. Wasting and emaciation observably increasing, pulse persistently remains 100, and weak. Digestive powers and appetite good. No fresh abscesses have formed. Deep incisions through the gangrenous parts were made, and the incisions dressed with stimulant washes.

8th. Delirium during the night for six hours. Rational this morning. Debility increased, and the patient unable to turn in bed without assistance. Bedsores inclined to spread. Abscesses generally healed, and anthrax cicatrizing. Ten grains of bromide of potassium, three times daily, were prescribed to allay nervous irritability.

9th. Local symptoms unchanged. At daybreak, a violent attack of nausea and vomiting supervened; the egesta appeared to be bile with but little mucus. Prostration marked.

10th. Reaction from yesterday's nausea complete. Appetite and ordinary strength returned. Local appearances the same.

11th. Propensity to increased sloughing in sole of foot, extending from gangrenous point below external malleolus. Yeast poultices applied. General condition without change.

15th. During the past four days there has been an apparent improvement in the symptoms. Less delirium, a pulse ranging a little less than a hundred, and cheerful spirits. The sloughing tendencies on the sole are still manifested.

16th. A recurrence of nausea this morning. Slough over calcis extending slowly. A small anthrax has made its appearance in the vicinity of the old one, and the bedsores extending.

Ether was administered, and the sloughing parts thoroughly examined. There appear to be two forms of the gangrenous action, that originating in the toe, which is confined to the connective tissue, and manifests itself by sinuses extending along the extensor communis tendons, destroying the cellular tissue in the tendons; and the other, a true inflammatory gangrene, attacking all tissues in its vicinity and originating in a point beneath the external malleolus. No direct communication could be traced between the two.

The gangrenous parts over the external surface of the calcis, extending posteriorly to the border of the tendo Achillis, were completely excised, in the hope that as the unhealthy inflammation resulting in abscesses and carbuncles had been resolved, the same result might be expected here, and that a local cause of the spread of the action might be removed, and thus the process arrested. The sloughs were touched with nitric acid, and light warm water dressings applied. The anthrax in the back was incised crucially, and a yeast poultice, made up with a cupreous solution, applied. These operations were tedious, and were well borne by the patient.

17th. No material change.

19th. A slight diarrhœa appeared this morning. There is evident failing of the vital powers, but the appetite and digestion are yet good. The slough continues to creep up the cellular planes on the anterior surface of the ankle and leg, and the bedsores spread in spite of all preventive measures.

21st. No improvement in general symptoms, excepting that the diarrhœa has ceased. The anticipations that the extirpation of the gangrenous tissues might prevent the spread of the destructive process appear to be realized, as the edges of the wound show signs of healthy granulation. The head of the fifth metatarsal bone which was uncovered by the sloughing process twenty days ago, has necrosed, and this morning separated.

23d. No improvement. Delirium yesterday increased. The granulations beneath the external malleolus look well, and there is no evidence whatever of sphacelation. But the sloughing process in front is evidently extending up the leg, as indicated by slight swelling and tenderness over the intermuscular septum, between the extensor communis and tibialis anticus muscles.

24th. The signs of sloughing over the anterior part of the leg are still more marked this morning. Examination proves the morbid process to have extended deeply under the aponeurotic expansions, and the probe was passed up into the bellies of the muscles named, along purulent tracts.

The case having now progressed to an extent which renders ultimate recovery in the highest degree improbable, it was anxiously discussed in consultation whether there was any other measure that might be adopted as a *dernier resort*. Amputation had been suggested at an earlier period in the history of the case, but the secondary abscesses, indicating the profound constitutional nature of the disorder, rendered the idea impracticable. The formation of abscesses had now, however, entirely ceased, and the question was again open to discussion. There were many circumstances that inclined to the operation as a remedial measure, although a desperate one, such as the cessation of general purulent deposits, the healthy granulations below the external malleolus, the commencing contraction of the bedsores and carbuncles, the integrity of the assimilative functions, and the clear physiognomy. *Gangrene* of parts, (over the external surface of the calcis), had ceased, and the wound resulting from its extirpation from this locality was healthy, hence it was argued that there was reason to hope the destructive process might not invade the stump. Cellulitis had continued in the areolar tissue of the extensor tendons, and along the cellular planes. Apparently in this case it was owing to a poison, to a considerable extent *local*, capable of reproducing itself, and contaminating sound parts in its immediate vicinity.

It was hoped that the *source* of this contamination being removed by amputation through sound parts, there would be an increased chance of recovery. The sinuses were evidently advancing, the irritation and drain increasing, and it was argued that the superficies of the pus-forming surface of the stump (if it remained healthy), would be less than from the present discharging surfaces of the limb, and that diminishing the drain and irritation would save strength.

It was consequently decided that the patient should be etherized, and the sinuses thoroughly explored, and if they were not too extensive, necessitating too high an operation, that the leg should be amputated.

25th. As was feared, the leg, on examination, was found too much diseased to bear an operation, the cellular tissue being grey, boggy, and infiltrated. Free incisions were made, in the hope of evacuating pus and sloughs; but the swelling has increased since yesterday, above the knee, and operative interference is out of the question. The case is evidently hopeless.

26th. All symptoms changed for the worse. Pulse 120, delirium persistent, an involuntary alvine discharge, an icteric tinge of face and conjunctiva.

28th. Gangrenous discoloration above the knee, involuntary evacuations, diarrhœa, clammy sweats. Dissolution may be expected within twenty-four hours.

29th. Coma since yesterday afternoon. Death took place at one o'clock P. M. of this day, and was not preceded by any struggle or convulsion.

The treatment throughout was supporting and stimulant. Iron and quinine, with morphia at night. Bromide of potassium was at one time prescribed, with a view of allaying nervous irritability, but without satisfactory result.

The first manifestations of the disease were what the patient supposed to be boils, occurring mainly over the lower extremities, but when Surgeon General Barr observed them, they appeared to be abscesses, with circumscribed bases. Later in the case, these abscesses became less numerous, and their walls thinner, while finally the disease seemed to concentrate in the foot, and the purulent formations ceased to have defined limits.

From this history, the disorder may be said to have been a *cellulitis*, with gangrenous tendencies, constitutional in origin, and the result of nervous tension. It is peculiar, in not having originated in a wound, as the appearance of unhealthy abscesses or furunculoid formations, antedated for several weeks the injury which the patient thought he sustained from stepping on

the rolling stone, but which is more likely to have existed before, and only brought to his notice by the pressure of the pebble, as it is improbable that an injury, sufficient to cause abscess, could be incurred through the sole of a shoe in the manner described.

It is difficult to determine the cause of this attack. The patient was a man of square English build, with breadth of chest, and immense muscular power, notwithstanding his adipose development. Although a liberal liver, he had never been an excessive one. He had never suffered from any diathetic disease, with the exception of slight attacks of rheumatism. The only cause which he himself assigned, were his labors, in connection with his office, which were particularly engrossing and arduous during the rebellion, and as there was no previous cachexy, or disorder of the assimilative functions, no thoracic affection, or epidemic influences that could account for the disease, the surmise was probably correct.

The nervous system appears to have suffered from the beginning, as evidenced by the delirium, which, though never excessive, was present during a portion of each day, for six weeks previous to his death. The frequent pulse, persistently one hundred and upward, was another indication of nervous irritability, although it was doubtless owing in part to the numerous points of suppuration.

ON DISEASES OF THE SKIN:

An Essay read before the Otsego Co. N. York Medical Society, at its semi-annual meeting, Jan. 16th, 1866.

By T. B. Smith, M. D.

I wish to call the attention of the Society to a very troublesome disease of the skin, of a seemingly somewhat anomalous character, which has for some time past been very prevalent over the country, and which, I doubt not, the members present have been called upon to treat more or less. It is known by various epithets, such as "hop itch," "soldier's itch," and is sometimes called, "the what is it?" At the west it goes by the name, I believe, of "Prairie dig." My object in noticing it at this time is to elicit discussion upon it, that we may endeavor to arrive at something like a rational conclusion as to its nature and treatment. I have conversed with a number of medical gentlemen upon the subject, none of whom seemed to have a very clear idea what the disease really *is*, or what treatment to pursue in its cure. One gentleman of whom I inquired in relation to the treatment of patients in these cases replied, "let them scratch." It would indeed be a great hardship to them to prohibit their scratching, but they will hardly be satisfied with the mere indulgence of it while suffering from the intolerable itching and smarting attending it. The disease seems to be of a mixed character, in which are combined the distinctive appearances of several cutaneous diseases. Many cases have fallen under my observation in which the co-existence of lichen, prurigo, and scabies, was, I think, well marked. According to Bateman and other dermatologists, lichen and prurigo not unfrequently exist together, and prurigo is frequently complicated with or results in scabies, and even furuncular inflammations and abscesses,—several cases of which I have seen quite recently. A careful study of these diseases will enable a ready discrimination between them, particularly in their early stage, or elementary form.

Lichen is a disease which in its primary form is characterized by an eruption of minute, pointed, *red* papulæ. According to authors, there are eight or nine varieties, which are designated by the peculiar appearances and location of the eruption, but which are all marked, however, by the same general characters. In its simple form, or lichen simplex, it first makes its appearance on the face, or arms,—generally upon the arms, extending in the course of three or four days to the trunk and lower limbs. It is attended with a dreadfully annoying sensation of tingling, and itching, particularly at night, when the patient is warm in bed. It continues nearly stationary for a week or ten days, when its color begins to fade, and the skin to exhibit numerous scurfy exfoliations, which remain longest about the flexures of the joints. The disease is recurrent, successive eruptions and desquamations often prolonging the complaint for several months. In some cases it is partial, affecting the arms and neck only. When the eruption appears upon the face, the papulæ are large and round, instead of pointed; and upon the hands they are sometimes slightly vesicular, from which appearance they may be mistaken for itch, but they are seldom seen to any extent between the fingers, which is in contradistinction to itch. There are three varieties of the disease besides lichen simplex, which are, I believe, most commonly met with, and which present characters very much alike, but which are distinguished from the simple form by the eruption occurring in patches, or wheels, with a degree of inflammation diffused around them. They are lichen circumscriptus, agrius and verticatus. These varieties run very much the same

course as lichen simplex, successive eruptions and exfoliations occurring before the disease is removed; but the results are much more severe. The cuticle becomes thickened, harsh and chapped, and excessively painful on being handled or rubbed. After repeated recurrences of these eruptions, they are liable, according to authors, to terminate in impetigo, or tetter, which is a pustular disease.

Prurigo is a much more intractable disease than lichen, the eruption affecting the whole surface of the skin under three forms,—prurigo mitis, formicans, and senilis.

The papulæ in their primary form, in this disease, are somewhat larger than in lichen, less pointed, soft and smooth, and of the color of the skin. These are the marks which distinguish it from lichen; the papulæ in lichen, as we have seen, are red; in prurigo, in their elementary form, seldom appearing so, except from violent friction. The appearances in the different varieties of this disease are very similar. The skin is dotted with small black scabs, and the minute colorless papulæ may escape notice altogether, unless closely observed. The itching is intense; the cause of which to an inattentive observer may seem inadequate to the effect. The little thin black scabs which are formed upon the abraded papulæ, are the result of the scratching to which the patient resorts to relieve the terrible itching, but which it only aggravates, for the more he scratches the worse will it itch. Should the disease be long continued, the whole surface upon which the eruption is most thickly located becomes torn into ugly sores, and an almost continuous scab is the result. This occurs more particularly upon the back of the neck, and between the shoulders. The disease may continue in some of its forms for several months, or even years. The mildest form of prurigo mitis may result, it is said, in itch; while the severest prurigo formicans, or ant-bite prurigo, so-called from the sensations as of insects crawling over and biting, and stinging the skin, may pass into impetigo. Thus it will be seen that these cases in their course may present all the characteristic appearances of several distinct diseases of the skin, which has no doubt given rise to the discrepancy of opinion respecting them; one regarding them as itch, another as lichen, and a third as prurigo, when in fact they are in many cases a combination of all of them. I have seen, I am sure, in many of these cases the papule, the vesicle, and the pustule, present in the same case.

It is said by authors that lichen and prurigo are not contagious; if they are not, it is difficult to acount for their general prevalence, except upon the hypothesis of their being epidemic.

The treatment of lichen and prurigo, as generally laid down in the books, I have found quite inefficient in these cases. I have used the various alkaline, sulphurous and acid washes prescribed, with but very little effect, except to allay the tormenting itching. And *strong* mercurial, or sulphur ointments I have found invariably do harm. The bi-chloride of mercury wash, in the proportion of half a drachm to eight ounces of water, seems to answer the best purpose of any of the washes which I have made use of. The remedies which I have used with most success in all the complications occurring in these cases, are the dilute citrine ointment, and the white precipitate ointment; the latter of which I much prefer, made according to the Dispensatory,—one drachm of the precipitate to an ounce and a half of lard, or simple cerate, to be used morning and evening; and as a constitutional remedy I use Fowler's solution, giving it in ten-drop doses, three times a day, to adults; varying the dose according to age and constitutional peculiarities. This remedy seems peculiarly adapted to the chronic form of these cases, and we are seldom consulted upon them until they become so. Deranged digestion is undoubtedly a frequent source of these disorders, and requires attention; and some precaution is necessary in relation to diet. Frequent ablutions with warm water, and the use of the warm bath, are no doubt very important auxiliaries in the cure.

Prurigo senilis, or that form of the disease peculiar to old age, is said to be incurable under any treatment.

WOUND OF AXILLARY ARTERY BY A MUSKET-BALL. DEATH FROM HEMORRHAGE ELEVEN DAYS AFTERWARD.

Reported by H. J. Phillips, M. D., U. S. A.,

In charge of Post Hospital, Mobile, Alabama.

Private William Hall, æt. 19, Co. H, 15th U. S. Infantry, admitted on the night of the 11th January, 1866. He was accidentally wounded on the above date, whilst lying in his tent, by a comrade who was handling a loaded musket. The ball entered his right side, just below the cartilages of the false ribs, fracturing, in its passage, the eighth rib; it then emerged and, entering the axilla, traversed the arm and passed out posteriorly at the top of the shoulder. The humerus was not touched. Before admission into the hospital, he is said to have lost a bucketful of blood. At the time of admission he was in a state of syncope, and unable to speak; was almost

pulseless, with cold extremities. Powerful stimulants were immediately administered. There was very slight hemorrhage from either wound.

He continued to improve steadily until the morning of the 20th inst., when he was attacked with profuse hemorrhage, which came from the neighborhood of the axillary artery. He lost about fifteen ounces of blood. The usual compression was applied, and the hemorrhage ceased.

On the morning of the 21st, a second hemorrhage occurred, by which he lost about twenty ounces of blood.

On the 22d, the prostration was so extreme, and the prospect of controlling the continual oozing so remote, that a consultation was held, and it was determined to put him under the influence of chloroform and tie the artery. A very small quantity of the vapor sufficed, and after a great deal of difficulty, owing to the great swelling and purulent matter in the wound, the artery was secured in a very able manner by Dr. Coale, U. S. Vols.

During the operation, several pieces of cloth were extracted, and also two pieces of substance which had the appearance of portions of an artery, and which subsequently proved to be such. On the extraction of the cloth, hemorrhage per saltum commenced, which, however, was easily controlled by pressure on the subclavian above the clavicle, by means of a door-key. The patient only survived the operation a few minutes.

Post Mortem, twenty-four hours afterward, revealed the following facts: a large semi-circular portion of the axillary artery, corresponding to about half the calibre of the vessel, was cleanly cut out by the ball; the bone and brachial plexus were uninjured; the lower dissection showed the fractured rib, with suppurating soft parts, corresponding to the course of the muscle.

Remarks.

The most important fact connected with the case is the great length of time before secondary hemorrhage took place, namely, nine days after the accident. No doubt, the cloth was driven into the artery, and possibly, by some movement on the part of the patient afterward, or from suppuration of surrounding tissues, this and the coagula were dislodged. Almost invariably, such a wound in an artery of this calibre would cause death in less than five minutes. The artery, in this situation, may be considered one of the *first order*. The aperture was only one inch below where it is called subclavian. The preparation has been forwarded to the Army Medical Museum at Washington, D. C.

Hospital Reports.

Philadelphia Hospital,
Nov. 25th, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Pathological Specimens—Scrofula.

You will hardly meet with a better specimen—the whole mesentery is filled with this peculiar cretaceous enlargement of the glands: it feels like one mass of pea-nuts. Those of you who are at all acquainted with anatomy, know that the lymphatic glands in a healthy state are very small, but here we find them enormously enlarged. The same thing is exhibited in this kidney, while the other is apparently healthy. Calcareous particles are found in the liver and spleen—you may notice how it grates under the knife. This peculiar amalaceous deposit in the lymphatic glands constitutes the disease called scrofula. It is found among the whites and blacks, but more especially among the latter, who subsist principally upon fatty nourishment, and are kept away from the light and heat of the sun.

Scrofulosis resembles tuberculosis, and has been considered by many the same disease. One fact has been ascertained, that tubercular deposit is more liable to occur in families who have a marked scrofulous aspect, with enlargement of the glands of the neck, or a scrofulous inflammation of the eye. Many theories have obtained in reference to the cause of scrofula; all very good, and yet we are undecided. We have found by trial that certain remedies are useful—why they act we cannot tell. Just the same with sunlight—God Almighty makes it! Why does sulphate of quinia do good in intermittent fever? For the same reason. The disease exhibits itself more especially in the glands; sometimes on the external surface, and occasionally it is concentrated about a joint. In this latter case, by amputation it may sometimes be cured, and never return. Climate and habit have much to do in its production. I have frequently had patients come to me suffering from scrofula, who had just arrived from a foreign country, and who were always healthy while at home; advise them to return at once to their native climate. It is better than to fill them with medicine.

For many years iodide of potassium was considered by the profession almost a specific—but of late it has fallen into disrepute. Iodine externally and internally is very good, but it must be long continued. Patients taking iodine will sometimes improve at first, but soon there seems to be a constitutional irritation; stomach out of order, and restlessness. In these cases stop the medicine for a time, and resort to cod-liver oil and syrup of the iodide of iron. During a long practice, I have been very much gratified in using Lugol's solution, with C. canadensis.

Empyema.

A case of much interest on account of presenting a peculiar condition of things, which you will rarely meet with. I have heretofore spoken of bronchitis, pleurisy, and pneumonia. Here we have another trouble in the chest—a collection of pus, circumscribed, but connecting with the pleural cavity, and causing her excessive pain. You may never meet with it again; this is only the third case that I have seen since my connection with this house. It is peculiar on account of the suddenness of its attack. Two weeks ago this woman retired at night apparently well and healthy; but at two A. M., she was disturbed by a severe pain in the right side posteriorly, and has since suffered "the hardest misery imaginable."

She is married, and has six children; is intemperate; a hard-working woman, and exposed to all sorts of weather; has had no fever or trouble with her bowels; no dyspnœa, or hard, hacking cough. At the present time she expectorates a great deal of thick, tenacious, yellowish mucus, mixed with white. She suffers excessive pain all over the right side; notice how she hugs her arm, as if to ward off some impending danger. When I touch her you perceive how she shrinks. Percussion elicits dulness and flatness. You can hardly distinguish any respiration on the right side, except near the apex—and here it is like blowing air through water-bubbles. On the left side there is considerable bronchial irritation. Now let us gently turn the patient upon her left side, and what do we find? A tumor, large and full, extending half way down the thorax. By placing my ear over the tumor I can detect the loud, blowing respiration. You know that there is nothing in this region but skin, superficial facia, muscle, ribs, and then the pleura and lung. What can it be? A collection of pus connecting with the cavity.

The treatment in this case must be palliative. No permanent cure can be expected. Place the patient in a soft comfortable bed, and allow good generous diet. Small doses of the syrupus ferri iodidi will be administered daily. I shall also direct a cough mixture of senega, squill, and morphia, and over the tumor a plaster of one part ceratum cantharides, one part pix burgundica, and two parts belladonna. The operation of tapping has been resorted to on several occasions, but it is not advisable. Statistics prove conclusively the immediate danger of such an operation. I tried it once, but shall never do it again. Strive to make the patient as comfortable as possible under the circumstances.

This patient died some weeks after, and the diagnosis was confirmed, emphysema existing, and an opening between the ribs communicating with an abscess.

Pneumonia.

Bridget G., æt. 30, entered the medical wards Nov. 23. She affirms that she is temperate, and has been up to the present time a healthy hard-working woman. Two weeks ago, she was out washing all day, and returned in the evening with wet feet, very much exhausted. During the night she commenced vomiting, which has continued occasionally up to the present time. Simultaneously with the nausea, she was annoyed by a dull pain in the right side, low down, which prevented her from taking a long breath. Since then she has expectorated quite freely of rust-colored sputa with an admixture of blood. Upon examination, I find that there has been pneumonia of one lobe of the right lung. By percussing the posterior region of the right side, a dull flat sound is elicited, indicating that the lower lobe is not permeated by air, while the left side is clear. By auscultation, we hear crepitant rumbling and a loud blowing; also a pectoriloquy, or speaking from the chest, because a solid conducts sound more readily than air.

But there is now a tendency to resolution—for the lung to return to a state of health. She may get entirely rid of it, though she is still a very sick woman, and does not require any active antiphlogistic treatment. In other words, we must sustain her strength while remedies are made use of to act upon the secretions, especially of the skin and kidneys. We shall make use of an expectorant syrup composed of

℞. Liq. potass. citratis, f.℥vj.
Sodæ carb., ʒij.
Syrupi senegæ,
" scillæ. āā f.℥ss. M.

S. Tablespoonful every three hours.

Counter-irritation over the part, and a sustaining treatment.

University of Maryland,
December, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Tertiary Syphilis.

Man, æt. 40. This is an interesting case, and it is not easy to decide whether this is syphilis, or carcinoma. Here the disease affects the right testicle. The parts are swollen, and there is ulceration, and the protrusion of a mass very much resembling encephaloid. He has had this over a year. Began to swell on the right side, and was painful at first until it broke. Had shooting pain in it. He has had chancre several times, and also a bubo on the right side. Both testicles are involved. There was an unhealthy kind of suppuration, and finally it ulcerated through. The right testicle is exposed, and covered with an unhealthy lymph. The question is whether this may not be carcinoma. I do not think it is. Cancer of the testicle is a very rare disease. I think this is tertiary syphilis, affecting the tunica albuginea, and only modified by difference in anatomical structure. This man does not know whether mercury was used in his case, or not, when he had the primary disease. I do not think it proper to remove the testicle. We will

keep him in the recumbent posture and support the scrotum by a bolster. Let him take,

R.	Potass. iod.,	gr. v.
	Syr. ferri iod.,	gtt. xxv.

three times a day.

As a lotion we will use,

R.	Cupri sulph.,	gr. ij.
	Aquæ,	f.℥j. M.

We shall rely more on constitutional than local treatment.

Jan. 17th, 1866. Parts present a much more healthy appearance. Now sloughing some. There is not much pain, and it is decreasing in size. I think he will get well without a surgical operation. The parts will contract, and no great scar will be left.

Gun-shot Wound.

Man, æt. 22. This wound was received some months ago, but has never healed. The ball entered about three inches below the spine of the scapula, and four inches to the left of the median line, and was cut out on the posterior surface of the arm. We enlarge the opening to see if there is any necrosed bone. Some portions are loose, and we remove them. Part of the bullet was also found and removed. There still remains a portion of denuded bone. Probably the bone was broken by the ball, which then was split upon the sharp, fractured edge. We insert an oiled tent to conduct the discharge, and keep the wound from closing up.

Onychia Maligna.

Boy, æt. 19. He has had this disease since last summer. Struck his toe against a stone, but kept at work, until about two weeks ago it became so painful that he was compelled to stop. Now the toe is very much diseased, and is occupied almost entirely by a gangrenous ulcer. It pains him very much at night. It is too irritable to be operated on at present, for should I do so, the wound would take on the same condition. As the nail is nearly detached, and acts as a foreign body, I will remove it. Appetite good, and bowels regular. Let him be kept in a recumbent posture, with the foot elevated. Use a solution of permanganate of potassa, and dress with a bread and milk poultice, and laudanum. Let him have good food, and administer tr. ferri chlor. gtt. xxv., three times a day.

Jan. 17th, 1866. Even now it presents a rather unfavorable appearance, but better than when last exhibited to you. Then it was covered with cacoplastic lymph, but now some granulations are springing up. I consider him convalescent. Let the same treatment be continued.

Orchitis.

Man, æt. 27, sailor. This patient has had gonorrhœa for some days, and was treated by the captain of the vessel, as he was on the water when the disease first developed itself. As a result of exposure, the disease has extended from the urethra to the testicle. This frequently happens as a result of exposure, too much exercise, or too active treatment. Bowels regular. It is important that he should be kept in the recumbent posture.

R.	Plumbi acet.,	℥j.
	Aquæ,	Oj. M.

S. Apply constantly.

He is now taking pil. hydrarg. and opium; we will omit the opium. Saline aperients are generally used in these cases.

Flexion of the Leg.

Man, æt. 25. When this patient came into the house the leg was flexed at nearly a right angle upon the thigh, but by simply letting it rest upon the heel, we have brought it down so that he can touch the heel upon the ground. He was wounded just below the knee, and the flexion may have resulted from that. The ball passed down, and was removed from just above the ankle. There is still a fistulous opening—some small portions of bone are loose, and we remove them. Introduce a tent. Let the weight of the limb still rest upon the heel, and we may overcome more of this flexion.

Fracture of Inferior Maxilla.

Man, æt. 23. There is very little displacement in this case. The gums are not lacerated at all, and probably the periosteum is not lacerated through its entire extent at the seat of injury. The fracture is situated very near the symphisis, and the muscles act on both fragments very nearly with the same strength, so that but little displacement exists. A fracture of this kind might be very easily overlooked. This requires none of the special splints that have been devised for fractures of the lower jaw. Let a simple bandage be applied to keep the parts quiet. Of course he will not attempt mastication.

Eczema.

Man, æt. 45. Here it is so faint as scarcely to exhibit its characteristic appearance. There is great irritability of the skin. He has had gonorrhœa. He is now taking Fowler's solution, gtt. viij., ter die, before eating, and using a lotion of bichloride of mercury (gr. j. to f.℥j.) Morphiæ murias gr. ss. would be a useful addition to the lotion. Use lin. calcis as an external application. Glycerine is often used, but I do not have much confidence in it in the treatment of diseases of the skin.

Puerperal Peritonitis. Local Application of Collodion.

Dr. Robert de Latour first recommended, in 1859, pencilling of the abdomen with collodion in puerperal peritonitis. Tarnoffsky, of the Petersburgh Lying-in Institute, and Prof. Dohrn, have since reported very favorably regarding the efficacy of this treatment, and the results obtained by the latter gentleman are given in the *Monatschr. f. Geburtskunde*, (*Mediz. Neuigk.*) Of 31 cases treated by Dohrn, 28 recovered. The good effects of covering the abdomen with a coat of collodion are ascribed by him to the resulting contraction of the abdominal parietes, the reduction of the calibre of the vessels, diminution of the hyperæmic and hyperæsthesic state.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Induction of Premature Labor.

Paper by Prof. G. T. Elliot.

At the meeting of the Academy, held February 7th, Prof. G. T. Elliott read a paper on the Induction of Premature Labor. While the justification of the induction of premature labor, under certain circumstances of parturient eclampsia, albuminuria, and pelvic deformities is now generally admitted, and the history of the operation accessible to all, it must be conceded that the *clinical* difficulties are not yet all removed. With a view of throwing some light on these difficulties, and of calling out the unrecorded experience of the members of the Academy, he would contribute the results of his clinical experience.

The main point which must be borne in mind is, that the greater or less rapidity with which premature labor, or labor generally, may be induced, depends upon the greater or less dilatation or *dilatability* of the cervix uteri. The actual dilatation of the os and cervix, is frequently of less importance than the *dilatable* condition of the parts, and operative interference may be practicable when there is little actual dilatation, but a fair degree of dilatability.

Several cases occurred in the clinical experience of the author, where the cervix being found sufficiently dilatable, small forceps were introduced within the cervix, and by gradual traction, delivery effected without any ill consequences upon mother or child.

The number of clinical observations embodied in Dr. Elliot's paper is over thirty.

Regarding the measures resorted to, to induce full dilatation or dilatability of the cervix, there are chiefly four: The *douche—Barnes' dilator,—sponge, and other tents*, and *manual* or *digital* efforts.

The *douche* has very rarely failed to induce dilatation of the os and cervix, and no evil results have been observed to follow from it. In four cases it was resorted to alone, no other means being necessary to produce the desired effect. The number of douches applied, and the time from the first application until delivery, in these cases were as follows:

1st	*case:*	2 douches,	30	hours.
2d	"	2 "	31	"
3d	"	2 "	16	"
4th	"	3 "	16	"

The last case was one of eclampsia from albuminuria, and at the application of the first douche everything was as unlike labor, as imaginable, cervix hard and undilatable, vagina dry, etc.; yet labor was terminated successfully in 16 hours, by the application of three douches.

The proper application of the douche in inducing premature labor, need not be accompanied by any dangers. To be effective, the stream of water injected should be directed against the internal os, and if possible, within the os. A finger introduced in advance of the stream will serve as a guide.

The method by Barnes' dilator is more widely useful than the douche, and failure in its use need hardly ever be expected. It is, however, always necessary to bear in mind, that this, like every other operative procedure in midwifery, must be carefully and properly conducted.

Sponge tents (Mason's), and others, may be necessary to commence with, in dilating the os and cervix.

An important point, in the clinical experience of Dr. Elliot, regarding the induction of premature labor, is the early separation of the membranes, which may be accomplished by the introduction of a male catheter into the uterus, between it and the membranes. But great care must be taken that the instrument be introduced with sufficient caution not to rupture the membranes prematurely, and thus deprive the operator of one of the most powerful natural stimuli of uterine dilatation and contraction.

Cases were detailed by Dr. Elliot in illustration of every important point of his paper, and in conclusion, he expressed his opinion, not only that the induction of premature labor would, if its clinical relations were better understood, be selected more frequently and uniformly in certain conditions threatening mother and child, but that it would be so deprived of its dangers and fallacies, that it might be resorted to *as a matter of* convenience.

(We shall return to the subject; the paper is to be discussed at the next meeting of the Academy.)

Editorial Department.

Periscope.

Colotomy (Amussat's Operation) for the Relief of Cancer of the Rectum.

Prof. Gg. C. Blackman, in the *Cincinnati Journal of Medicine*, relates a case of cancer of the rectum, in which Amussat's operation for *colotomy* was performed by him with success. Dr. B. strongly argues in favor of the operation, spite the objections raised by many eminent surgeons.

The patient was a colored man, 35 years of age, patient of St. John's Hospital, Cincinnati, whose rectum up as far as the finger could reach, (some three or four inches,) was filled with a fungous mass, bleeding freely from the slightest touch, and giving rise to a sanious discharge, with the characteristic odor of malignant disease. Some time before the operation, his bowels had been extremely costive, and unable or unwilling to take solid food, he had rapidly emaciated.

October 15th, 1866, he was operated on; the left descending colon being exposed in the lum-

bar region, and secured by means of a ligature, an incision was made into the bowel of about one and a half inches. The intestine was then fastened to the lips of the wound by several interrupted sutures. On incising the colon, neither feces nor flatus escaped, but with the finger the solid contents of the bowel could easily be reached. The stitches were not removed until the ninth or tenth day, when a dose of castor oil was administered, and fecal matter passed freely, both by the artificial anus and the rectum. From that time until the date of reporting—Dec. 26th—the fecal matter has passed altogether through the artificial opening. The patient has used freely of solid food, and gained rapidly in flesh and strength. Has had two attacks of hemorrhage from the fungous mass within the rectum, one of which requiring persulphate of iron to arrest it; otherwise his improvement has been gratifying. Since the operation he has occasionally, from imprudence in eating, been troubled for a day or two with diarrhœa and incontinence, but as a general rule, the artificial anus gives him no trouble. He suffers no more from the excruciating tortures which rendered him, before the operation, so miserable, and threatened to terminate his existence: and he declares that, even if his life should not be prolonged another day, he has been amply repaid for submitting to the operation.

Dr. Blackman promises to give a full review of all operations of colotomy, so far recorded, which we await with a great deal of interest.

Cause of Intermittent and Remittent Fever.

Prof. J. H. Salisbury communicates to the *American Journal of Med. Sciences* an elaborate article, giving an account of numerous observations and investigations regarding the origin and cause of intermittent fever. Dr. Salisbury found on microscopical examination of the salivary secretion and expectoration of those laboring under intermittent fever, and who resided upon ague levels, and were exposed to the evening, night, and morning exhalations and vapors arising from stagnant pools, swamps and humid low grounds, that there occurred in these secretions a great variety of zoosporoid cells, animalcular bodies, diatoms, dismidiæ, algoid cells, and filaments, and fungoid spores. Constantly and uniformly found in all cases, and usually in great abundance, were minute oblong cells, either single or aggregated, consisting of a distinct nucleus, surrounded by a smooth cell-wall, with a highly clear, apparently empty space between the outside cell-wall and the nucleus. They were not fungoid, but cells of an algoid type, resembling strongly those of the *palmellæ*. In persons residing *above* the summit plane of ague, the bodies were invariably absent.

By a series of carefully conducted experiments and observations the following facts were ascertained:

1. That cryptogamic spores, and other minute bodies are mainly elevated above the surface during the night. That they rise and are suspended in the cold damp exhalations from the soil, after the sun has set, and fall again to the earth soon after the sun rises.

2. That in the latitude of Ohio, these bodies seldom rise above from thirty five to sixty feet above the low levels. In the northern and central portions of the State, they rise from thirty-five to forty five feet, while in the southern, from forty to sixty feet.

3. That at Nashville and Memphis they rise from sixty to one hundred feet and more above the surface.

4. That above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend.

5. That the day air of malarial districts is quite free from these palmelloid spores, and from causes that produce intermittents.

Palmellæ belong to the lowest known vegetable organisms. The several forms of this type which are constantly attendant on intermittent malarial disease have received the generic name *gemiasma* (earth miasm), of which Dr. Salisbury enumerates six species.

In another series of extended observations, the local effects, produced in the mouth and air passages by inhaling these cells, are minutely described. They cause a dry, feverish, constricted feeling in the mouth, fauces and throat, increasing until the fauces become parched and feverish, normal mucous discharges become checked, and the feeling soon extends to the bronchial and pulmonary surfaces, which also become dry, feverish, and constricted, with a heavy congested sensation, and dull pain. These peculiar symptoms generally last several hours after leaving the bog.

The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influence, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the *palmellæ*, to these localities, and exposing persons to their emanations. Attacks of intermittent were the result.

The investigations of Dr. Salisbury must be considered highly important, as they seem to establish positively the *fons* et *origo* of malarious fever.

Dr. E. Holden, of Newark, N. J., late of the U. S. N., communicates a paper to the same journal, entitled, "An Inquiry into the Causes of certain Diseases on Ships of War," in which he expresses his opinion that fever of an intermittent type is produced by the growth of mould on board ship, under the action of hydro sulphuric acid of the bilge.

Infantile Syphilis.

From a tabulated analysis which Mr. Wm. Dunn, of the Farrington Dispensary, gives in the *British Medical Journal*, of 53 cases of infantile syphilis, he draws the following conclusions:

I. *Period of the infant's life when the disease first made its appearance.* In 17 cases, during the first month of the infant's life; in 21 cases, during the second month; in 10 cases, during the third month; in 2 cases, during the fourth month; in 1 case, during the fifth month; in 1 case during the sixth month.

II. *Influence of the parents. Father:* In 8 cases, the father was syphilitic only. *Mother:* In 18 cases, the mother was syphilitic. Both parents were syphilitic in 10 cases.

III. In 3 cases, the syphilitic disease did not exhibit itself till the child was vaccinated, but in all three the taint could be traced, and the vaccination only appeared to bring the latent syphilis into activity.

IV. All the cases were treated without mercury; chlorate of potash in three-grain doses being chiefly used; but sometimes cod-liver oil and steel-wine were also ordered. The longest period of treatment was 63 days, the shortest 18 days.

V. *Rate of mortality.* Three deaths occurred in 53 cases. One child died in a convulsive fit; another was dying when brought to the dispensary, and had been under mercurial treatment; and the other child died on the third day of treatment; it also had been under treatment elsewhere.

Reviews and Book Notices.

Contributions to Bone and Nerve Surgery. By J. C. Nott, M. D , Professor of Surgery in Mobile Medical College. J. B. Lippincott & Co. 12mo., paper bound, pp. 96.

Dr. J. C. Nott has been best known heretofore as one of the authors and editors of two ethnological works, "Types of Mankind," and "Indigenous Races." These were especially remarkable for boldness of statement, and what might be called the dogmatism of innovation. They have had their day. The *brochure* now issued under Dr. Nott's name is an unpretending exposition of a comparatively neglected department of practical surgery—that which concerns especially the *sequelæ* of gun-shot and other injuries of bones. While Guthrie, McLeod, Ballingall, Hennen, Baudens, Dupuytren, and others, have covered most of the ground of *primary* and *secondary* surgery, our author considers that of *tertiary* surgery to have been left almost untouched.

The first half of the book is occupied with a resumé of the generally accepted teaching of authorities upon *periostitis, endostitis, ostitis, caries* and *necrosis.* The second part gives the author's peculiar views, and experience, especially during and since the rebellion.

No novelty, of course, was to be expected in the first part. Dr. Nott calls attention properly to the differences between *traumatic* inflammations of bone or periosteum, and those met in civil practice, usually of *constitutional* origin, or at least complicated by some cachexia.

The term *osteomyelitis* is mentioned, although endostitis is preferred. We accord with the preference. Bone marrow certainly does not inflame; it is torturing the term inflammation almost too much, even for the Berlin pathology, to apply it to an affection of such a tissue.

Dr. Nott asserts, upon his own direct observation, what most surgeons must have seen, that bone which has lost its periosteum, by violent injury, ulceration or gangrene, will yet sometimes survive, and be repaired with the formation of a new periosteum. So the periosteum is not *necessary* to reproduction of bone; although, generally, as our author states, its removal is fatal to the corresponding osseous surface. It is most probable, that, in regard to nutrition and repair, the periosteal membrane is important as a preserver of vascular supply; and little more.

Dr. Nott follows Savery and Stanley in preferring the theory of *absorption* of bone to that of its solution in pus, (Rokitansky) to account for the demarkation in necrosis. Strong facts are urged certainly, in favor of this theory; but it is probable that both actions may occur.

Of restoration of lost bone, our author gives an example in the case of General Adams, of Louisiana, who had three inches of the humerus taken out after a wound, the whole of which was reproduced. Maisonneuve's case is also cited, in which he removed twelve inches of the tibia, leaving the periosteum; all of it was restored.

As to *sequestra*, the authorized principle is adopted, to remove them *when loose*, and not before.

The second part of his book is prepared from materials of his own experience, Dr. Nott having, besides a good deal of field surgery, seen much of secondary surgery, in hospitals and in private practice. How to treat injuries of bones which do not get well, seems to be the question he undertakes to answer.

One rule which he lays down is, when suppuration is kept up, as this must be either from dead bone or a foreign body, *to cut down and search for* the offending body, as soon as circumstances permit. He considers that there are few cases in which the probe will not decide whether a sequestrum is loose or not. But, otherwise, he believes that a clean incision for exploration will do no harm, and if it show no occasion for further operation at the time, it may be allowed to heal.

Sometimes pieces of bone detached as splinters from the shaft, but not from the soft parts, reunite well. If in apposition with the parent bone, and retaining periosteum, they need not be removed. If not reunited, their preparation for removal will go on till it is completed.

When, after amputation, the bone projects from the stump, Dr. Nott advises not sawing it off, but leaving it for spontaneous separation, which will occur in a few weeks. Sometimes, however, this amputation by nature will leave a conical stump, even pointed; and this may require to cut down and saw off the bone.

A number of interesting cases are given in the book before us. Our author believes the climate of the Southern States to be peculiarly favorable to wounds. The most remarkable of the cases cited are given in "Addendum No. 2" (p. 91.) They comprise all the matter in the book that could suggest as a part of its title "Nerve Surgery." One is that of a soldier, whose leg, having been crushed by a railway accident, was amputated below the middle. Neuralgia attacked the stump. It was amputated again. No relief following, a third amputation was performed, be-

low the knee. Still suffering extremely, Dr. Nott cut down and excised, in the popliteal space, the two large nerve trunks, to the end of the stump. He was not at all relieved yet. Amputation of the thigh followed, and afterwards, for the same obstinate and intense pain, excision of the sciatic nerve, where it leaves the pelvis. More than an inch of it was removed. In spite of this the man still suffered as before, apparently. Dr. Nott concluded, however, at last, that part of the complaint of the patient was made by him to obtain morphia, of which he had grown fond; he had become accustomed to twenty grains of morphia (sulphate?) daily.

The other case is that of a man from whose fore-arm Dr. Nott excised, on account of the presence of a neuromatous tumor, five inches of the median nerve. The tumor had been growing slowly for fifteen years. The curious part of it was, that *no paralysis*, either of sensation or of motion, followed the operation. Dr. Nott's theory in regard to it is, that in a way not easily explained, certainly, during the slow growth of the tumor, some collateral supply of innervation must have been provided for those parts to which the median branches go.

NOTES ON BOOKS.

Ellsworth upon the Trinity. Physiological Theology.*

We believe it was Chaucer who described a physician of his time as one "whose study was but little on the Bible." We trust that many of our profession now would fail, happily, to fit this picture. Certainly, Dr. Ellsworth is a signal instance of the contrary. He has studied not only the Bible, but also the commentators; and endeavors in this essay to throw light upon very obscure points of doctrine by reflection from physiology.

The attempt is a legitimate one; it is reverently conceived and ably conducted; if it fail, it is because total success is here impossible. A *review* of such an essay would be hardly in place in a medical journal. If called upon to express an opinion, however, we would say that Dr. Ellsworth appears to us to sustain himself as more nearly right according to Scripture, and his view as more acceptable to reason, than what he designates as "the ordinary view," but still is not perfectly right.

The question is, briefly, had Christ two spiritual essences combined in one personality; a human soul and a Divine Spirit, or did God, in Christ, *become* man; so that *the* soul of Christ was God? Our author urges, very forcibly, the latter view.

He argues to prove the ordinary view of "two natures" *impossible*. To concede this to be satisfactorily made out is more than we are ready for. The possibilities of the Divine nature are beyond our ken. *Improbable* would, therefore, have been a better word.

In doing away, quite rationally, with some of the difficulties of the current theology, Dr. Ellsworth is obliged to leave at least one unsolved, to show the imperfection of our human comprehension. This difficulty is—that if God *became* man, *assumed* the human nature by limiting the Divine, the universe would be (humanly speaking) left *without* an infinite Deity.

He endeavors to meet this (as do others) by asserting three *personalities* in Deity, "having their *being* in one *existence*;" so that *one* may be localized or limited alone. Far be it from us to say that *this* is *impossible*; we merely must insist that in making *more* easy to the mind an apprehension of Christ's nature, he only *removes* the incomprehensibility to the subject of the Divine nature itself. Are we helped by this? Not much. These things "the angels desire to look into."

In his physiological argument, or effort at explanation, Dr. Ellsworth says that "there is very good evidence that the mental or intellectual principle is wholly of paternal and not maternal descent. By "mental or intellectual principle," his context shows that, as regards man, he means *soul*, holding that term synonymous with mind. Yet his illustrations are drawn from the animal kingdom generally. This is the usual tangle. Have all animals souls? Agassiz (Essay on Classification) seems to be driven to a half belief that they must have, and must be immortal; as immortality is so universally assumed as necessary to the mental principle.

Our author asserts (p. 33) that the idea of the mental principle being simply a function of the nervous system is *materialism*, and is "opposed both to reason and revelation." We should like to have his exposition of the meaning, in the Bible, of the two words so constantly used, *psuche*, ψυχη, and *pneuma*, πνευμα. For instance, 1 Cor. xv. 45; or Hebrews iii. 12—"dividing asunder between soul and spirit;" which would be *meaningless*, if there were not a difference between *psuche* and *pneuma* in the original, which our translation has not kept.

But we are getting away from the physiology of the essay. Comparative physiology cannot sustain, we are sure, Dr. Ellsworth's assertion as to the nature of the difference between the male and the female endowment in reproduction. In some animals, (as well as plants,) there is no obvious distinction between the sexes; any two cells uniting for multiplication. And if this be granted to be exceptional in nature, still there is no abrupt line anywhere to justify the ascription of any such difference between the male and the female as our author states.

We regret, therefore, that although Dr. Ellsworth seems to us to be nearer right than his opponents in his reading, upon *one* point, at least, of Scripture, he is less sound in his physiology; which, therefore, adds little or nothing to the argument. Altogether, however, the essay does credit to his intelligence, as well as to his earnest research.

* *The Word Made Flesh. An Exposition, etc.* By P. W. Ellsworth, A.M., M.D., Hon. Mem. Med. Soc. of New York, and late Brigade Surgeon, U. S. V. Hartford, Conn. 1865.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 17, 1866.

LITERARY ROBBERY.

In this age of *fast* and *much* writing, it is not astonishing that quotation marks are occasionally omitted, where they properly belong, and that some people forget to credit language, or ideas, to the source whence they are obtained. The *petit larcenies* of literature have become so frequent, unfortunately, that to hunt them up for punishment would be an endless and thankless task.

But occasionally it is our bad fortune to come across one of those stupendous, high-handed examples of literary robbery, which might be characterized as bold, if they were not so miserably, contemptibly, *mean*. They must be exposed, to guard the profession against the impositions of literary thieves and robbers, who, with the stolen honors of other peoples' arduous labors, seek to obtain reputation and reward.

One of the most barefaced highway robberies of this kind has been achieved by Peter Dirck Keyser, M.D., who is fairly entitled to the fame of being the Dick Turpin of the medical literature of our day, and we are only sorry that our attention has not sooner been called to the facts of the case.

There was issued from the press of Lindsay & Blakiston, of this city, during the last quarter of 1864, a *brochure*, entitled "Glaucoma: its Symptoms, Diagnosis, and Treatment, by Peter Dirck Keyser, M.D.," with copyright secured to this latter individual. This brochure was sent to us, and received, as its contents really merit, a favorable notice, in our first of January number, 1865. Unfortunately, at that time we had not seen a brochure published in London, by John Churchhill & Sons, entitled: "Glaucoma, and its Cure by Iridectomy, being four lectures, delivered at the Middlesex Hospital, by J. Soelberg Wells, Ophthalmic Surgeon to, and Lecturer on Ophthalmic Surgery at the Hospital."

In April, 1865, Keyser's brochure was noticed by the *Boston Medical and Surgical Journal*, and attention called to the fact that it was "*copied word for word from Dr. Well's pamphlet*, not only not adding anything, but leaving out some important portions, and all the plates in *explanation of the operation of iridectomy*." This notice in the Boston journal escaped our attention, until, on receipt of Dr. Well's lectures, and comparing them with Keyser's pamphlet, all the facts became apparent, and nothing remains but to arraign the latter before the profession, as guilty of the most flagrant literary theft.

Dr. Keyser has the impudence to say in his preface, that "the substance of this work is from *my notes* taken while attending the clinic lectures of Professor Von Graefe, during the winter of 1863 and 1864, in Berlin, and I have *compiled* and *published them*, thinking that they would not only be of interest, but of advantage to the medical profession in this country." This preface is dated *September*, 1864. It is from beginning to end a most "graceless assumption of truth," for the substance, *nay, the whole of this work is copied verbatim et literatum*, from Dr. Wells' lectures, the preface of which bears date *April*, 1864.

A more unmitigated fraud has never been perpetrated upon the medical profession of this country; and while we apologize, with the *Boston Journal*, to the profession of England and to Dr. Wells, for the insult and injury done, we ask every physician who owns the book, to blot out the preface, and the name of Peter Dirck Keysey, M.D., from the title page, and insert in its place J. Soelberg Wells. The printer's seal on Keyser's pamphlet bears the motto, "*Palma non sine pulvere per vias rectas.*" Suppose he applies it to himself, with a slight modification: *Palma non sine pulvere per vias oblignas?*

CHOLERA AND QUARANTINE.

Some letters which we have received, indicate that we have been strangely misunderstood in certain quarters. Yet we thought that nothing could be more plain than our position in regard to cholera and quarantine, and the language in which that position was explained.

We reiterate what we have said in former articles:

1. We do not believe that cholera belongs to the specifically *contagious* diseases, such as smallpox, etc.

2. But we *do* believe that there is the fullest evidence that cholera is communicated and propagated, under favorable conditions, by the dejections and evacuations of the patients.

3. That the practical question is, not whether cholera is specifically contagious, but whether the medical profession is willing to assume the responsibility of the whole and total abolition of quarantine?

The last question is the one which we would like to see discussed by those who erroneously believe us advocates of the contagiousness of cholera.

THE NEW YORK HEALTH BILL has passed the State Senate by a very large vote—only three members voting in the negative. There are some political combinations to defeat the Bill in the House, but there is little prospect, we understand, of their success. Homœopaths, Thomsonians, and other species of the genus *Quack*, are trying to have the Bill shaped so as to place their representatives on the Board of Commissioners, but as yet they seem to have been unable to make an impression upon the members of the legislature. Common sense appears at last to prevail in Albany.

Notes and Comments.

Acupressure. Professors Simpson and Syme.

A very acrimonious controversy is going on in the British medical journals between Professors Simpson and Syme and their respective followers, on the question of Acupressure. It seems that about a year ago, Mr. Syme finished his remarks on acupressure before a class of students by tearing in pieces with his fingers a pamphlet on the subject by Simpson. This was passed unnoticed by the latter gentleman, he being willing to forget and forgive the act as "an ebullition of passion." Since then, Prof. Syme has published a note in the *British Medical Journal*, in which he speaks of his act as the "*public execution*" of an "obnoxious pamphlet;" an avowal which Dr. Simpson characterizes as "a public execution upon his own character and not upon acupressure." Surely the tearing of an opponent's pamphlet before a class of students, shows great weakness, at least, if we do not wish to term it a "piece of mediæval vandalism," as does Dr. Simpson, and the less said about the unfortunate matter by Prof. Syme and his friends, we think, the better.

The Medical Press of Canada.

The *Gazette Médicale*, a monthly medical journal, published in the French language at Montreal, by Drs. Dagenais and Lemire, noticing, in its February number, the enlarged and improved issue of the Reporter, takes occasion to speak of the apathy toward medical literature among Canadian physicians. It says:

"It is painful to observe the apathy which exists among the physicians of this country, an apathy which makes itself felt even among our *confrères* of English origin, if we can judge from the *Canada Medical Journal*, which, in one of its last numbers, seems to be at its end, and asks its readers not to allow it to die of inanition. That a journal of medicine should not be able to maintain itself here, is to us a riddle. That the number of intelligent physicians and students in Canada, and who certainly are on an equal level with American physicians, cannot keep up a journal, is a matter we do not understand, and for which there is no reason except unpardonable indifference, in a national as well as professional point of view."

We suggest to our cotemporaries of the *Gazette* that the only way to overcome this indifference is to keep "hammering" at it. Those of our readers in the United States who wish to keep up their French, we can give no better advice than to subscribe for the *Gazette Médicale*—subscription, two dollars per annum.

Medical Society Transactions.

The published transactions of the State Medical Societies of New York, New Jersey, Illinois, and Connecticut, for 1865, have been lying on our table some time. We shall take occasion to allude to some of the papers they contain, in our periscopic department.

The New York Society for the Relief of Widows and Orphans of Medical Men, according to the annual statement for 1865, has 109 members. Its invested funds now amount to $56,500. Income during the year, 10,013 37. Disbursements to annuitants, $1125.

Sanitary Inspection.

The Health Officer of Brooklyn proposes to make a thorough examination of the city, and for this purpose has secured the voluntary services of forty physicians, who will commence the work of inspecting every house, alley, street, and lane in the city, with a view to correct any evils that may exist, calculated to impair the general health of the community. The work will be commenced as soon as the necessary number of policemen shall be detailed by the Superintendent of Police.

☞ The annual session of the Medical Society of the State of New York was held last week. It was our pleasure to be present. A full account of the proceedings will be published next week.

Emigration.

Congressman Darling, of New York, has introduced a bill into Congress to prevent overcrowding on board emigrant vessels and steamship lines.

Dispatches to the State Department indicate that immigration from Europe to the United States will this year exceed that of any previous year. All the German ports especially are filling up with persons desirous of securing a passage to this country.

Correspondence.

FOREIGN.

Steamer Fulton,
En route for Havre, Jan. 6, 1866.

Editor Medical and Surgical Reporter:

A New Theory of the Gulf Stream.

One of the most interesting incidents of this voyage, and the like of which, on such an occasion, is probably as rare as the subject itself, was the reading of an original scientific paper by one of our fellow-passengers, at the special request of the others, on a topic of especial interest to all who have their "home upon the rolling deep," or who study geology on land. The aim of the essay is to prove that the so-called "*Gulf Stream is of subterranean origin, and is mainly supplied by the waters of the Mediterranean and adjacent Seas.*" Its author is Rev. C. W. Denison, of Philadelphia, recently a chaplain of the army, a gentleman of marked erudition, who wields an able pen, and has studied this subject with great minuteness and intelligence. Although not yet prepared for publication, and delivered on this peculiar occasion to oblige his fellow-passengers, nearly all of whom, together with the commander of the steamer, constituted a highly appreciative, as well as critical auditory, the character of the essay was such as to induce from me the request to be allowed to make an abstract of its arguments and facts, which I herewith forward for the Reporter, should you deem it adapted to its columns.

The term Gulf Stream is regarded as almost wholly arbitrary. The body of water which Dr. Franklin describes as "a river winding like a serpent through a part of the ocean," is commonly so called, because we are accustomed to regard its origin as connected with the Gulf of Mexico. This oceanic river is now known not to be the only one of similar character, but that currents in considerable numbers flow along different and distant shores, and turn in various directions.

In connection with this, the fact is recognized that our planet is as well supplied with air and fire, in proportion, as it is with water; that the heat increases toward the interior of the earth, that numerous volcanoes attest the presence of internal fires, ever operated upon, when most active, by contiguous currents of air and water.

At one time the source of this great oceanic river was supposed, at least to a great extent, to be the passage of the Mississippi river into the ocean, the force of which body of water was deemed sufficient to operate on the entire contiguous ocean, making its escape to the north by a stream along the coast. This theory was not long in being exploded. The next one adopted in certain standard books, and enforced by illustrations of maps and charts, was that the strong and constantly blowing trade-winds, forever converging toward the waters of the equatorial regions, pile them up and drive them along with resistless force into the Gulf of Mexico, where they whirl around, sweep off to the north and west, for an escape against all winds and tides, until lost in the distant ocean. Against this purely imaginative theory several stubborn facts are adduced: *first*, the strength and depth of the current; *second*, the general color; *third*, the height of the temperature; *fourth*, the chemical properties of the water; *fifth*, the sedges floating in it, and *sixth*, the eddies and vapors on its surface.

These individual objections to the theory alluded to are all ably and most convincingly sustained by facts and reasonings of a highly interesting character, which space forbids a more lengthened analysis of, but which, when the paper is given to the world, will be found of great value, founded, as they are, upon chemical, geological, atmospheric, calorific, horticultural and other arguments. In alluding to the *chemical character* of the stream as being against the trade-wind theory of its origin, it is stated that "its deep blue color proves it to be produced by a chemical combination of sulphate of copper held in solution, mixed with salt and nitrate of silver, fixed by heat and ammonia. In the production of these properties of the water of the stream the sun has no direct influence; the same combination would produce the same results in the darkness of night. The presence of a light, as we see in the windows of the apothecaries, shining through the blue sulphate of copper water, would reveal the same facts." These chemical combinations are asserted to be "the result of the subterranean origin of the stream, and of its long passage, before it reaches the surface, through the heated mineral caverns of this planet. Here, among the vast mines of the earth, sweeping along vaulted arches of sulphur and copper, mingled with every other property with which the igneous portions of the planet are so abundantly stored, the stream acquires these distinct peculiarities in the color and chemical analysis which exist in like proportion in no other quarter of the globe. None other than a subterranean origin and progress could give such facts as these to the waters of the stream." The Mammoth Cave of Kentucky is cited as an instance of the existence of such caverns as are essential to the theory of the subterranean origin of the so-called Gulf Stream.

Without attempting here to describe further the points above enumerated, relating to the particular character of this remarkable current of water, since all the facts adduced are asserted to be undisputed, and all conclusively establish the first point, "it remains only to establish the last grand one, viz., how the sources of the stream are themselves supplied. Here, at the call of the sweet voice of science, corresponding facts rise up as witnesses all around us. They all unite to

prove this to be true—*that the Gulf Stream is mainly fed by the Mediterranean and other adjacent seas.*

The main fact cited as proof of this, is the well known one of the constant current which has from the earliest ages been regularly flowing inward from the Atlantic Ocean through the Straits of Gibraltar, and that this flow is at the average speed of three miles an hour, the precise speed of the "foolishly called Gulf Stream." It has been proved that there is no permanent current flowing out of the Mediteranean, although the tides rise and fall to a great extent in the sea, while the evaporations from its surface, which were once supposed sufficient to compensate for this constant influx, are fully supplied by the rivers and lakes which also discharge their waters into it, to say nothing of the supplies from the clouds. In view of these striking facts, the question naturally occurs—Where does the Mediterranean find an outlet for its immense overflow? "The answer to this question," says our author, "is found in the Gulf Stream, and in other oceanic currents of our planet. The waste waters of the Mediterranean, joined by those of the Caspian and Dead Seas from beneath, (for it will be borne in mind that neither of these seas have any other outlet whatever,) enter the earth by means of cavernous passages approximate to the whirlpool of Scylla and Charybdis, and sweep on through the earth by means of different channels leading to the surface, one of which fills the chasm of the Gulf Stream." . . . "Entering the earth at the bottom of the Mediterranean, at the Gibraltar and Gulf Stream rate of three miles an hour, the first glow of heat is imparted to it by its near approach to the fires of Vesuvius and Etna. By the rapid and constant generation of steam, it acts in turn upon the hidden flames, gases, smoke, ashes, and cinders of these volcanoes by regular explosions, throwing up to the surface and out of the crater the burning lava and smouldering shores that are hidden below. This supply of heat is continued from different igneous portions of the earth through which the stream passes."

This very brief outline of a most interesting essay must suffice until time is afforded its author to elaborate it more fully, which is his intention as soon as practicable, when it will be presented in full to the scientific world through the *New York Association for the Advancement of Science and Art.*

John H. Griscom.

DOMESTIC.

"Army Itch."

Editor Medical and Surgical Reporter:

In the last number of your journal a communication appears from Dr. E. A. Wood, on the nature and treatment of "Army Itch," or "Camp Itch," as it is called by some, in which the author recommends precipitated sulphur with molasses, taken inwardly, as a certain cure for the disease. The description which he gives of this pest is excellent as far as it goes. If not caused by, it certainly follows in the track of armies. We have had hundreds of thousands of troops, from the North and South, through this county during the war, and one great battle, Antietam, with many smaller ones, and, I am sure, no county in the United States has been afflicted in a greater degree with the "Army Itch" than this. We have had thousands of cases among us at the same time, and those of the most virulent character, and I am sure I can speak of it from considerable experience.

The disease generally attacks the arms, neck, chest, and the inside of the thighs; rarely the hands or face. It will first make its appearance in the form of little red specks, from the size of a pin-head to a small bird-shot, mostly of an evening, especially when near the fire, itching intolerably, and burning, as if stung with an insect. It may increase to the size of a pea. It can attack any person, no matter how cleanly or precise, and is communicated by contact, sleeping together, or otherwise, and, I am sure, by even handling money. But, as Dr. Wood has described the disease, it is unnecessary to enter into particulars; suffice it to say, it is worse than the "seven years' itch;" the old form of scabies is nothing in comparison to it. You must have it once—against which offer up your devout prayers—to appreciate its qualities.

One or two of your subscribers have asked for a mode of treatment for this terrible disease, and here let me contribute my mite.

One remark of Dr. Wood I neglected to notice. He says, "It attacks all except the very young and the very aged." In this he is certainly mistaken. I have seen it attack both infants and old persons. Within the last fortnight, I have had the case of a babe, five months old, covered over the body with the eruption, producing on the face, which it seldom attacks, a mild form of erysipelas. A lady, who had it, was seventy-five years old. Both were relieved in a short time by proper treatment.

Treatment. The first remedy which we tried in this section was one similar to Dr. Condie's, recommended by Dr. Wood: subl. sulph. and bitart. potass., taken inwardly, with sulphur ointment outwardly, and not in one single instance did it cure the disease. It did not even seem to do any good. It may be our parasites, or acari, are more formidable and harder to kill than they are over in Pennsylvania. At any rate, they would not yield to the common sulphur ointment, nor ung. hydrarg. oxidi rubri, or any of the usual remedies. To my friend, Dr. Scott, of Hagerstown, I am under obligations for calling my attention to a remedy which never fails in affording perfect relief. It may be made in various quantities, but take the following:

℞.	Sulph. sublim.,	℥vj.
	Hydrarg. ammonia chloridi,	℥ij.
	Hydr. sulphureti cum sulph.,	℥ij.
	Adipis,	℥x.
	Creasatonis,	ℏxx. M.

Take a small portion of this ointment and rub

it on the eruption well every evening; and in a bad case it may be done morning and evening. It can be applied all over the affected part, if necessary, but it is generally sufficient to rub it on the red specks here and there. Every other day it should be washed off with warm water and strong soap, and used again as often as required. The instant it is applied, it stops all itching and affords relief, and in the course of a few days the disease is mostly cured. I have never known it to fail in a single case, although I have had hundreds. Any one who tries it, will never want to use anything else.

At first, I occasionally gave a little alterative medicine inwardly, but seldom do now, as I find it unnecessary. One man, who had had the disease one year, and had tried five physicians, came to me almost despairing of being cured, saying that he would not have it for another year for the best farm in Maryland. In a short time he was perfectly well.

A recipe almost similar to the above may be found in *Braithwaite's Retrospect*, part 45, year 1862, page 182. H. B. Wilson, M. D.

Boonsboro' Md., Jan. 31, 1866.

Emphysema produced by Indigestion.

Editor Medical and Surgical Reporter:

On the night of January 1st, 1866, I was called in consultation with Dr. Corry, of Lake City, to see a patient laboring under emphysema of the lungs. The patient was of full, sanguine, and temperate habits, aged about 35. Upon making inquiry, I found that, some thirteen years ago, on recovering from an attack of measles, the patient took cold, and a violent attack of difficult breathing was the result. Since the first attack, the disease usually occurs once or twice a year. Until the last occurrence, no cause could be assigned for the attacks. Upon careful inquiry, I found that indigestion undoubtedly produced the present attack. About five o'clock in the afternoon, the patient ate very heartily of cold turkey and mince-pie, and was seized, about two hours afterward, with a peculiar spasm or difficulty of expiration from emphysema. The difficult breathing would recur about every fifteen minutes, when the patient would recover from all difficulty and, for a period of ten minutes, would be perfectly at ease, when the spasm or difficult breathing would recur. An emetic had been administered. I recommended administration of ether and chloroform by inhalation—two-thirds of the former to one-third of the latter. I found that when the stomach was evacuated and the system once under the effects of the ether and chloroform, the spasm or difficult breathing ceased.

The stomach being affected by the indigestible food, and the sympathetic nerve taking notice of the difficulty, I presume, through the sympathetic nerve, the dormant difficulty of the lungs was produced. At least, this is the only reasonable explanation I can give of the case.

Francis H. Milligan, M. D.

Wabasha, Minn., Jan. 6, 1866.

Nitrous-oxide as an Anæsthetic.

Editor Medical and Surgical Reporter:

The use of nitrous-oxide gas in the experience of J. M. Carnochan, M. D., of New York, as mentioned in his interesting article in the Reporter of Jan. 6th, would seem to be preferable to the use of ether or chloroform.

It is preferable on account of its producing sound anæsthetic sleep in three-fourths of a minute, its administration being attended with no danger, whilst nausea and vomiting are never produced.

We have found it easy to prepare nitrous-oxide gas (NO) by heating nitrate of ammonia, (NH4 O NO5) but the use of the present unwieldy bags, the heat, andnitrate of ammonia, will probably prevent the gas from coming into general use among practitioners.

If some apparatus can be devised, whereby nitrous-oxide gas can be administered as expeditiously and economically as chloroform on a handkerchief, then it is probable nitrous-oxide gas would come into general use as an anæsthetic. W. H. White, M. D.

Norfolk, Va., Jan. 1866.

News and Miscellany.

Organization of an American Branch of the Society for the Relief of Wounded Soldiers.

A meeting to consider the subject of international protection of the wounded in time of war, was held at the rooms of the United States Sanitary Commission, January 26th, 1866. The following resolutions were adopted:

1. That deeply impressed with the wisdom and humanity of the "International Committee of Relief for Wounded Soldiers," founded at Geneva, Switzerland, in 1863, the object of which is by international agreements, to secure neutrality in time of war, for hospitals, ambulances, surgeons, and all persons legitimately engaged in caring for the sick and wounded; we do hereby, in accordance with the official request of the Central Committee at Geneva, constitute ourselves, to wit, the following persons—C. R. Agnew, G. T. Strong, F. N. Knapp, Jno. S. Blatchford, J. F. Jenkins, E. Harris, W. E. Dodge, Jr., Theodore Roosevelt, Dr. E. A. Crane, Charles L. Brace, Henry W. Bellows, Howard Potter, C. J. Stillé, Prof. W. Gibbs, F. H. Hamilton, Dr. J. M. Cuyler—the American branch of the "*Comité International le Secour pour les Militaires blessés*," under the title of "American Branch of the International Association for the Relief of the Misery of Battle-fields."

2. This society shall have power to add to its own number.

3. The original members shall constitute a board of management, from whom shall be se-

lected by ballot, at this present meeting, a President, Secretary, and Treasurer.

4. The meetings of the board shall be held quarterly, on the second Monday of January, April, July, October, and at such other times as the board may appoint, and whenever the President may call the board together.

5. It shall be the duty of the President to preside at all meetings of the board, and to conduct the foreign correspondence with the Central Committee and with our own government.

6. The Secretary shall keep the records and conduct the ordinary business correspondence, notify the meetings, and attend to any special duty assigned him by the board.

7. The immediate objects of this branch shall be, first, to secure the adoption by the government of the United States, of the international compact for the neutrality of all persons in attendance upon the sick and wounded, of hospitals, ambulances, etc, already adopted by most civilized nations; secondly, to collect and diffuse information touching the progress of mercy and the advancement of sanitary science in its application to armies; thirdly, to coöperate with all other branches, and with the Central Committee, in such ways as it may approve or find convenient, for the furtherance of humanity on battle-fields throughout the world.

8. This association will hold itself in readiness, in the event of a war upon its own soil or its borders, to inaugurate such practical measures, as the principles upon which it is founded suggest, for the protection and relief of the sick and wounded.

The association then proceeded to the election of officers. Dr. H. W. Bellows was elected President; Howard Potter, Treasurer, and C. L. Brace, Secretary, for the ensuing year. Remarks were made on the future importance of this humane movement in case of war, by Dr. Bellows, Dr. Agnew, and Dr. Crane. It was stated that the only governments which had not united in this agreement for the protection of the wounded, were Turkey, Austria, and the United States. The meeting then adjourned.

The New State Emigrant Hospital

on Ward's Island, N. Y., will be one of the finest and best arranged hospitals in the world, combining every convenience for comfort and cleanliness with perfect ventilation.

The buildings comprising the hospital are five in number, arranged upon the *pavilion* plan, which experience has shown to be the best. The several buildings are connected together with wide corridors, combining the comforts and conveniences of a large building under one roof, with complete isolation of the several pavilions, thus preserving all the advantages of separate and disconnected buildings. These connecting corridors are large enough to be used as sanitariums for convalescent patients, and are to be furnished with books, papers, and other sources of amusement. The hospital contains ten wards, each having a dining-room, nurses' room, kitchen or scullery, linen-closets, bath, sink, water-closets, and halls.

The wards will accommodate three hundred beds, each bed having over twelve hundred cubic feet of air, and, whenever necessary, the accommodation can be increased to five hundred beds, giving each bed seven hundred cubic feet of air, which is above the average of many existing hospitals.

American Sanitary Museum.

Dr. Thomas W. Evans, of Paris, France, sends us the following Circular, to which we would call the attention of our readers:

"Penetrated with the idea that the Sanitary Commission of the United States, by mitigating the horrors of war, had resolved one of the most urgent questions of modern times, I was one of the first persons in Europe who endeavored to acquaint the public with the organization and the results of that admirable institution. I first published a book, (*La commission sanitaire son origine, son organisation et ses résultats,*) in which I conscientiously exposed the efforts and the final success of the Sanitary Commission during the gigantic struggle that the United States sustained with unabated courage. Afterwards appeared my French translation of military, medical and surgical essays. By acting so I felt I was serving both the cause of humanity and that of my native country.

"After having shown the wonderful results of the Sanitary Commission, it would be just and proper now to acquaint the public with the great number of ingenious inventions, made by my countrymen in view of relieving the sick and the wounded soldiers.

"In order to realize this project, I intend to assemble in a collection the products of those inventions which have enabled the Sanitary Commission to fulfil its mission.

"The universal Exhibition that is to be opened in Paris in 1867, is certainly the best opportunity for the inauguration of this Sanitary Museum. During that exhibition no civilized nation will be unrepresented in the French metropolis. The articles exhibited in such a Museum, will therefore call the attention of all those who wish the welfare of mankind, and acquaint all nations with the name of their inventors.

"In addressing myself to my countrymen I am firmly convinced that they will assist me in my patriotic and humanitary enterprise. Although I am willing to purchase all such articles as may be useful, I shall gratefully accept any object that the inventors or manufacturers would wish to contribute.

"I therefore most respectfully request all such persons who are disposed to coöperate in the creation of the American Sanitary Museum, to address their communications to Dr. Thomas W. Evans, 15 rue de la Paix, Paris, (France), or to M. Abner L. Ely, 22 Pine street, New York.

Thomas W. Evans, M.D.,
15 rue de la Paix.

"*Paris*, 1 *December*, 1865."

Causes and Prevention of Cholera.

Our attention has been called to a letter of Dr. Charles A. Lee, of Buffalo, to Dr. Sayre, of New York, and submitted by the latter gentleman to the New York Health Commissioners, on the subject of the cause and prevention of cholera. As the main points and considerations set forth in this letter agree entirely, *almost literally*, with Prof. Niemeyer's views in the article translated by Dr. McGrau, of Detroit, which appears in our Periscope, it is unnecessary to republish Dr. Lee's letter. The following, however, are his conclusions:

1. Quarantine regulations cannot be too strict nor too rigidly enforced.
2. The most thorough sanitary measures must be enforced and carried out in all places offered to the invasion of the disease, especially in large cities, where every effort should be used to have all houses, streets, alleys, privies, drains, cesspools, etc., thoroughly cleansed and disinfected.
3. All intercourse with places infected with the disease must be absolutely prohibited, or at any rate, guarded with the greatest care and precaution.
4. Should the disease unfortunately be introduced into a place, *cholera stools should never be emptied into necessaries and water-closets in common use.*
5. The police should be instructed to pour into every privy and water-closet suitable disinfectants, or furnish the same for this purpose.

But in regard to this matter of prevention, the admirable directions you have already issued to the public, leave nothing additional to be said or recommended. They embody, in fact, all the results of past experience, as well as the deductions of science and reason.

Resignation of Tardieu.

Dr. Tardieu, Dean of the Medical Faculty at Paris, has resigned, and M. Faurié, Inspector of the Academy of Paris, has been provisionally appointed to the administration of the Faculty of Medicine, in place of the former.

The cause of Tardieu's resignation is said to be that he sided with the students, who were dismissed on account of attending the Students' Congress at Liege, and there giving expression to republican sentiments.

Small-pox in the South.

Special despatches to the *Cincinnati Gazette* state that the small-pox is prevailing to an alarming extent through many parts of the South. The *Huntsville* (Ala.) *Independent* says that unless some organized effort is made to arrest its progress, its ravages threaten to become most serious. These statements are confirmed by our own correspondents in the Southern States, and by the large orders we are in receipt of for vaccine virus.

The Episcopal Hospital, Philadelphia.

This charity has now six wards occupied by patients. The number usually in them is about ninety. They are received subject to the rules of the institution, without regard to creed, color, or country. In addition to medical treatment, the patients enjoy the spiritual care of an efficient chaplain, and have the ministrations of a band of devoted Christian women, whose services have proved invaluable. The expenses of the institution during the past year were $27,000. The reliable income is $7000, and the difference is made up principally by contributions.

Aboriginal Americans.

Dr. Maccowan, in a recent lecture delivered at New York, estimated the present number of Indians in the United States to be about 250,000, and unless something was to prevent the oppression and cruelty of the white man, these people would gradually become reduced, and finally extinct. He predicted the total extermination of the Digger Indians of California and the tribes of other States, within ten years, if something was not done for their relief. The lecturer concluded by strongly urging the establishment of a Protective Aborigines Society, something similar to the society in England to prevent cruelty to animals. By this means he thought the condition of the Indian might be improved and the race longer perpetuated.

The Trichinæ Panic.

A ludicrous scene happened at Berlin, during a public discussion of the trichinia question. A veterinary surgeon, by the name of Urban, contended stoutly that there were no such things as trichinæ, and offered to eat any that were given him; whereupon his antagonists produced a slice of black pudding made, they said, of trichiniferous pork, and requested him to devour it. The unhappy man turned pale and seemed inclined to back out, but, put upon his mettle by the laughter of the meeting, he suddenly bolted the nauseous morsel held out to him, and then rushed from the hall—ill-natured persons assert—to an apothecary's shop, where a good dose of ipecac relieved him from the possible effects of his rash enterprise.

—— A new medical journal is announced in Galveston, Texas, to be edited by Dr. Greenville McDowell.

—— By the explosion of the boilers of the steamer *Miami*, on the Arkansas river recently, Dr. Wm. P. Grier, U. S. A., son of Judge Grier, of the U. S. Supreme Court of this city, lost his life.

—— Surgeon L. Moyne, of the 16th Pennsylvania Cavalry, has been breveted Lieut. Colonel for conspicuous gallantry in giving prompt attention to the wounded under fire, and in performing duty as Aid-de-Camp on several occassions.

—— Among those lost by the explosion of the steamer *W. R. Carter* on the Mississippi, near Vicksburgh, we notice the names of Mrs. Dr. Richardson and three children, of New Orleans. We have not yet learned whether this is the family of Dr. T. G. Richardson, formerly of this city, but fear that it is. Dr. T. L. Vick, of Vicksburgh, and Dr. Coalbouns, of Yazoo City, are also reported among the lost by the same explosion.

—— The following medical gentlemen were appointed officers of the Medical Board of Bellevue Hospital for 1866: President, Isaac Wood, M. D.; Vice-President, Benj. W. McCready, M. D.; Secretary, Stephen Smith, M. D.; Committee of Inspectors, Isaac E. Taylor, M. D., Stephen Smith, M. D., John J. Crane, M. D.; Curator, J. W. Southack, M. D.

—— At the session of the National Academy of Sciences, recently held in this city, the following officers were elected: President, A. D. Bache; Vice-President, Joseph Henry; Home Secretary, Walcott Gibbs; Foreign Secretary, Louis Agassiz; Treasurer, Fairman Rogers; Council, M. C. Meigs, B. A. Gould, Z. L. Le Conte, and W. D. Christy.

—— Dr. Bellows, President of the Sanitary Commission, recently made some statements, which are worthy of general attention. Speaking from the official figures before him, he says, that "nine-tenths of the men who fought in the Union army, were pure Americans;" nine hundred of every one thousand were our own blood kinsmen and cousins; and that "of every one hundred claims of wounded soldiers and soldiers' widows and orphans, ninety per cent. come from those of foreign birth."

—— A writer in *Once a Week* gives a description of a Russian ball at Moscow, during which the ball-room was enlivened by the phenomenon of a snow-storm produced by the sudden lowering of the temperature of the room. The room being uncomfortably warm, a gentleman lowered a window from the top, when the cold air rushing in, so condensed the vapor near the ceiling that it descended in the form of snowflakes.

Army and Navy News.

ARMY.

Assigned.—Brevet Major Thomas C. Brainerd, Assistant Surgeon United States Army, to duty in Department of Arkansas.

Surgeon W. F. Edgar, United States Army, to duty in accompanying a detachment of recruits for the First United States cavalry from Carlisle Barracks, Pennsylvania, to the Middle Division of the Pacific.

Discharged.—Hospital Steward Jas. C. Miller, United States Army.

NAVY.

Vacancies in the Navy.—Many vacancies existing in the Medical Corps of the Navy, a Board of Medical Officers will convene on the 12th of March, for the examination of candidates for admission as Assistant Surgeons in the Navy. One Board will sit at the Brooklyn Navy Yard, one at Philadelphia, and another at Chelsea, Mass. Gentlemen desiring to appear before these Boards for examination, will make application to Secretary Welles, or Dr. Horwitz, Chief of the Medical Bureau, stating age, place of birth, and the particular Board they desire to appear before, with testimonials as to personal character. Applicants are not to be under twenty-one or over twenty-six.

MARRIED.

Abbott—Adams.—In Evanston, Ill., on the 1st inst., by the Rev. John W. Buckmaster, Dr. Lawrence F. Abbott, of Wilmington, Ill., and Miss Minnie E. Adams.

Cock—Woodruff.—In New York, February 6, by the Rev. George H. Houghton, Thomas F. Cock, M. D., and Louisa De Forest Woodruff, all of that city.

Dooley—Ransom.—In Chenoa, Ill., on the 25th of January, by the Rev. David R. Love, Elkanah Dooley, M. D., and Miss Temperance L. Ransom, both of Pleasant Hill, Ill.

Dunn—Woolsey.—In Brookylyn, Feb. 8, by Rev. D. V. M. Johnson, A. A. Dunn, M. D., of Chicago, Ill., and Nellie M., daughter of the late Lieut. W. G. Woolsey, U. S. Navy.

Gross—Williams.—In Boston, Mass., Feb. 3, by Rev. Dr. Putnam, Ferdinand H. Gross, M. D., of Pittsburg, Penn., and Henrietta Daggett, daughter of the late Isaac Williams, of Boston.

Hodson—Mauck.—At Laurel, Del., February 7th, 1866, by the Rev. Gustavus W. Mayer, T. S. Hodson, editor of the Somerset *Herald*, Maryland, and Alice, only daughter of Dr. A. Mauck, of the former place.

Leiper—Hayes.—On the 6th of February, 1866, by Rev. William Rudder, Rector of St. Stephen's Church, Dr. A. Leiper and Elizabeth Hayes, both of this city.

Major—Larminie.—In Chicago, Ill., on the 30th ult., at the residence of E. B. Stevens, Esq., by Elder R. O. Warriner, Dr. L. S. Major and Miss Maggie Larminie, all of that city.

Thomas—Harris.—At St. George's, Hanover-square, London, on Tuesday, Jan. 16, Col. Vincent Thomas, Count de Nieczuja Weirzbicki, Baron de Norwals of Poland, and Elizabeth Wadsworth Steele, daughter of Dr. F. L. Harris, of New York city.

Thomson—Scott.—In Pittsburg, Pa., by Rev. S. C. Jennings, D. D., on the 24th of January, Dr. Alexander R. Thomson, of Beaver county, Pa., and Miss Ellen W. Scott, of Allegheny county.

DIED.

Berry.—In Cincinnati, Jan. 31st, Lily Amelia, only child of Dr. A. and Amelia Looker Berry, aged 11 years and 9 months.

Boyle.—In this city, on the 6th instant, Blanche Marion, beloved daughter of Dr. Philip and Annie Boyle, aged 2 years, 1 month and 3 days.

Brownell.—At Hartford, Ct., on Sunday, February 4, Sarah Morgan, wife of William R. Brownell, M. D., and daughter of James Goodwin, Esq., of that city.

Doane.—In Hyannis, Mass., Jan. 27, Mrs. Caroline I., wife of George W. Doane, M. D., aged 42 years and 11 months.

Grier.—On the 28th ult., by the explosion of the steamer *Miami*, near Napoleon, Arkansas, Dr. William P. Grier, Assistant Surgeon, United States Army.

Seegar.—In Cincinnati, on the 1st inst., of congestion of the brain, Charles M., son of Dr. J. and Mary N. Seegar, aged 16 years and 8 months.

Simpson.—At Pittsburgh, Feb. 5th, Robert B. Simpson, M. D., in the 57th year of his age.

Stearns.—Suddenly, on Friday evening, Feb. 2, at Denver, Colorado, Joseph Ketchum Stearns, youngest son of the late Dr. John Stearns, of New York, in the 48th year of his age.

METEOROLOGY.

Jan. 1866,	29,	30,	31,	F. 1,	2,	3,	4.
Wind	N. E.	W.	W.	W.	S. W.	N. W.	N. W.
Weather	Cl'dy.	Cl'dy,	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	19°	25°	28°	23°	16°	14°	5°
At 8 A. M	30	35	32	35	26	22	14
At 12 M	34	37	37	41	33	24	23
At 3 P. M	35	38	36	40	35	25	22
Mean	32.	33.75	33.25	34.75	27.50	21.25	16.
Barometer.							
At 12 M	30.1	30.	29.9	29.6	29.8	29.9	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 469.] PHILADELPHIA, FEBRUARY 24, 1866. [Vol. XIV.—No. 8.

Original Department.

Communications.

LACERATION OF THE PLEURA COSTALES AND PROTRUSION OF A PORTION OF THE LUNG.

By W. L. Baldwin, M. D.,

Of Geneva, N. Y.

George S., a negro boy, aged 7 years, while playing about the turn-table of the F. A. & G. C. R. R., at Jacksonville, Florida, on the afternoon of Sunday, Dec. 3d, 1865, was caught by the flange of one of the wheels, producing the following injuries, viz.—1st. A lacerated and contused wound, extending from beyond the inferior angle of the right scapula to the ninth dorsal vertebra. In the track of this wound I found that the pleura costales had been ruptured for more than one inch and a half, allowing a portion of the lower lobe of the right lung to protrude. 2d. A punctured wound on the right side of the neck, just below the ear, exposing, but not injuring the external jugular. 3d. The right clavicle fractured in two places. 4th. A wound over the vertex of the occipital bone, denuding the bone at that point of its periosteum.

I immediately replaced the protruding lung, covering the opening in the pleura by a portion of the *latissimus dorsi*, which had been divided by the flange, quickly bringing the rest of the wound together by the interrupted suture, then attended to the wounds in the neck and head, and finally adjusted the fractured clavicle.

The wound in the pleura was entirely covered by a portion of the *latissimus dorsi*, which formed a flap-valve, allowing the air which had found its way into the thoracic cavity, to escape, at the same time preventing any more from entering. I considered the case as almost hopeless, and gave his parents to understand that, although cases of a somewhat similar nature had recovered, yet I thought this one extremely doubtful.

I left the case, having first administered a portion of morph. sulph., but had scarcely reached home, when I was again summoned in great haste, the messenger saying that he was in convulsions, but by the time that I arrived there, the morphia had had its effect, he was comparatively quiet, and rested well during that night.

Dec. 4th. Pulse 120, with considerable fever, and pain about the epigastrium. Afternoon.—No passage of the bowels since the accident. Ordered dose of castor oil. Night.—Fever abated. Has had no passage from the bowels as yet. Ordered a repetition of the oil.

Dec. 5th. No passage from the bowels yet. Bowels tympanitic. Ordered ol. ricini., f.℥ij., ol. terebinth, gtt. v. Free passage during the afternoon, another toward night.

Dec. 6th, No tympanitis. Pulse regular and normal, tongue clean, breathing slightly hurried. Noon.—Removed the dressing from the back and had the satisfaction of seeing the wounds healing by first intention. The part over the ruptured pleura being entirely healed.

Dec. 7th. Slight hacking cough, with very little expectoration.

Dec. 8th. Cough keeps up, not increasing, however. Complains of no pain, except a soreness about the back.

Dec. 9th. Cough better. Bowels have not moved since yesterday noon. Ordered more oil and expectorant mixture. Evening.—Dressed wounds, which were looking very well.

The wounds were doing so well, and all the other symptoms being so favorable, I gave directions how to proceed with the case, I seeing the patient every other day.

The case progressed well until the 23d of December, when I noticed a tumor, about the size of a hen's egg, immediately over the wound in the pleura. I was at first afraid that the lung was protruding, forming, as it were, a *pleural hernia*, but upon a careful examination, I discovered distinct fluctuation, denoting the presence of pus.

Dec. 25th. The abscess broke this morning, and discharged freely, the pus being very healthy, the abscess having been formed by the too rapid healing of the external wound.

Dec. 27th. The discharge still keeps up. Ordered ferri et quiniæ citras, ℥ij., aquæ, f.℥ij., a teaspoonful to be given every four hours.

Dec. 28th. The discharge not so great. The patient's strength improving.

From this time till the 5th of January I saw the patient nearly every day, when my stay there expired. The boy was improving all the time, yet I very much fear that he will have some serious drawback.

The clavicle had united firmly in both places, and the wounds in the head and neck were healing kindly.

I do not remember of ever having seen a case reported, of so extensive an injury to the walls of the thorax recovering, and I presume that in this case recovery is due to the action of the *latissimus dorsi* in preventing the air from entering the cavity. Be that as it may, the case was one of great interest to me, and I trust it may prove interesting to your readers.

Medical Societies.

FIFTY-NINTH ANNUAL MEETING OF THE NEW YORK STATE MEDICAL SOCIETY.

Tuesday, February 6, 1866.

The Fifty-ninth annual session of the New York State Medical Society commenced at the City Hall at 11 o'clock.

The Society was called to order by Dr. Henry W. Dean, of Rochester, President, and prayer was offered by Rev. Mr. Bidwell.

The President then delivered his inaugural address.

There were present, 75 permanent members, 65 delegates from county Societies and Institutions, and about 50 invited members.

Dr. Cobb moved that a Committee of three be appointed to extend an invitation to such members of the Legislature as belong to the medical profession, to attend the meetings of the Society during its sessions. Adopted, and Drs. Cobb, Williams and Bissell were appointed.

The Chair announced the following Standing Committees:

On Business—Dr. White of N. Y.; Dr. Vanderpoel, of Albany; Dr. Hall, of Auburn.

On Reception—Drs. March, Townsend and Quackenbush.

On Credentials—Drs. Corliss, Saunders and the Secretary.

Dr. Kennedy, of New York, offered the following, which was adopted.

Resolved, That the thanks of this Society be tendered to the President for his very able inaugural address, and that it be referred to a Committee of three for the purpose of considering the suggestions contained therein.

Drs. Kennedy, E. L. Beadle and C. Green, were appointed.

Dr. Bissell introduced Dr. Catlin, delegate to the State Medical Society from Connecticut. He appropriately responded to his introduction.

Dr. March, from the Committee on Reception, moved that Dr. Hunt, of New Jersey; Dr. Wm. G. Wheeler, of Mass.; Drs. Lewis and Treichler, of Penn.; and Dr. Catlin, of Connecticut, be invited to seats in the Convention. Adopted, and each of the gentlemen responded most gracefully to the invitation.

Dr. Cobb, from the Select Committee appointed to invite such members of the Legislature as belong to the medical profession, to seats in the Convention, reported that they had discharged their duty. Accepted.

Dr. Noyes, of New York, read a very interesting paper [giving illustrations] entitled "Cases in Ophthalmic Surgery."

The Chair appointed the following nominating Committee: Drs. Squibb, Parker, Seymour, Chamberlayne, Richardson, Cook, Lyman and Langworth.

Dr. S. O. Vanderpoel offered a paper entitled "A Memoir of Dr. William Bay, of Albany;" also report of a case of "Progressive Locomotory Ataxia."

Dr. Charles Barrows, of Clinton, Oneida co., presented a paper entitled "Inflammation of the Kidneys and Suppression of the Urine."

Dr. Bailey presented a paper entitled "Tabular Obstetrical Statistics," by P. O. Williams.

Also, "Gun-shot Wound in Substance of Liver."

Dr. B. D. Carpenter presented a paper entitled "Tetanus."

Dr. Alfred Bolton, of Seneca, read a paper on "Congenital Hypertrophy of the Tongue."

Dr. Brinsmade, of Troy, moved that a committee of three be appointed to draft resolutions expressive of the feelings of this Society, caused by the death of Dr. Thomas W. Blatchford, of Troy, long a member, and a former President, of this Society.

Drs. Brinsmade, Bissell and Townsend were appointed such Committee.

Recess until 3 P. M.

Afternoon Session.

The Society met at 3 P. M.

Minutes of Morning Session read and approved.

Dr. Didama read a paper upon "Hospital Gangrene," by Walter Kempster, M. D.

Dr. Kennedy, of New York, offered the following:

Resolved, That the Medical Society of the State of New York, now in Convention, in view of the importance of the bill now before the Legislature, and which has passed the Senate, known as the "New York Health Bill," very respectfully ask the Assembly to concur with the Senate, in order that the said bill may become a law.

Resolved, That a copy of the above resolution be sent to the Speaker of the Assembly.

Dr. Kennedy said that he thought the adoption of this resolution by this body would have the desired effect. Such a bill was needed very much in anticipation of the cholera.

Dr. B. P. Staats would like to have the bill read before the Society, that the members might know what was proposed by it. He had heard that the Bill had been "doctored" in the Senate. He, therefore, preferred having the matter referred to a Committee.

Dr. J. T. Williams moved that this subject be referred to a Committee of five, to be appointed by the President, and that they report to-morrow. Adopted, and Drs. Willard Parker, Stephen Smith, Kennedy, Agnew and J. T. Williams were appointed such Committee.

Dr. Lawrence McKay, of Rochester, read a paper entitled "The Gingival Margin as a Diagnostic Sign."

On motion of Dr. Corliss, Dr. Willard Parker made a few appropriate remarks regarding the Health bill, now before the Legislature.

Drs. Kennedy, B. P. Staats and J. T. Williams participated in the debate.

Dr. Squibb, of Brooklyn, read a very interesting paper, entitled "An Appeal for the *Materia Medica*," closing with the following preamble and resolutions:

In order that there may be some organization in this Society, that may at least serve to keep this subject in useful remembrance, the following resolutions are offered for consideration:

Resolved, That a Committee of five, to be called The Committee on Pharmacology, be appointed by the President, to hold office until the Annual Meeting of 1871.

Resolved, That it shall be the general duty of the members of this Committee, individually to accumulate knowledge upon medicinal agents and their application. And to report the results of their researches separately, through the Chairman of the Committee, annually to this Society.

Resolved, That it be a special duty of this Committee to take charge of the interests of this Society in the United States Pharmacopœia; and to collect, arrange, preserve, and transmit all accessible information and knowledge that may be useful in the next decennial revision of that work in 1870. And to carry out the general provisions and requests of the National Convention of 1860, as they apply to this Society as a constituent of the National Convention of 1870.

Resolved, That this Committee report to the Society at their annual meeting in 1870, the names of three members of the Committee, who, if confirmed by the action of the Society, shall serve as the representative delegates of The Medical Society of the State of New York, in the National Convention of 1870, for revising the United States Pharmacopœia, to be held in Washington on the first Wednesday of May, 1870. And that the delegation thus constituted be authorized and directed on behalf of this Society to conform to the rules adopted by the last National Convention, to facilitate the organization, and effect the objects of the next one.

Resolved, That this Committee shall apply to the Society to supply any vacancies that may occur in its members.

Dr. Wm. B. Bibbins moved that the paper be received by the Society. Adopted.

Dr. Sayre moved the adoption of the resolutions accompanying the paper of Dr. Squibb. Adopted.

The President appointed the following gentlemen such Committee: Drs. Ed. R. Squibb, Howard Townsend, C. Green, Manlius Smith and John Towler.

Dr. Sayre moved that the paper and resolutions presented by Dr. Squibb, be presented to the different State Medical Societies, with the request that they take similar action. Adopted.

The Treasurer, Dr. Quackenbush, presented his annual report, which was accepted, and, on motion of Dr. Corliss, referred to the usual committee for examination.

The Treasurer also called attention to the fact, that a few county societies had neglected to pay their annual dues to this Society.

The following papers, read by title by Dr. Finnell, of New York, were referred by the Business Committee to the Committee of Publication: "Obituary of D. S. Conant, M. D., by E. R. Peaslee, M. D." "Eulogium on Prof. Chandler Robbins Gilman, M. D., by Wm. C. Roberts, M. D."

"An inquiry relative to the subject of the formation and expectoration of Bronchial casts, accompanied by the history of an illustrative case, by Stephen Rogers, M. D."

"Embalming, as practised in ancient and modern times, its applicability to the preservation of Anatomical and Pathological specimens, by James E. Steel, M. D."

Dr. William Gilfillan, of Brooklyn, read a paper entitled "Excision of the Shaft of the Humerus."

Drs. March, Sayre and Swinburne made some appropriate remarks on the above paper, strongly endorsing its recommendations.

Dr. Sayre read a paper entitled "A Case of Broken Neck."

Dr. Shipman, of Syracuse, pronounced a fitting eulogium upon the character of the late Dr. William Taylor, of Manlius, and moved the appointment of a Committee of three to draft suitable resolutions. Adopted, and Drs. Shipman, Chamberlayne and Cook were appointed.

Dr. Ezra M. Hunt, of New Jersey, made some very appropriate remarks, returning thanks to the Society for the courtesy extended to the delegates from New Jersey.

Dr. Furman moved to adjourn until Wednesday, at 9½ A. M. Adopted.

SECOND DAY.

Wednesday, Feb. 7, 1866.

The Society convened at 9½ A. M., Dr. Henry W. Dean, President, in the Chair.

Prayer by Rev. Mr. Elmendorf.

The minutes of the previous session were read and adopted.

Dr. Wales, of Rondout, presented a memorial from the Ulster county Medical Society.

On motion of Dr. White, it was laid on the table for the present.

Memorials were presented from the New York and Erie county Medical Societies.

On motion of Dr. Vanderpoel, the memorials

were endorsed by the Society and referred to a Committee of three, to confer with the Legislature.

Dr. Williams, Chairman of the Committee to confer with the Legislature regarding the Health bill, asked for further time. He stated that Dr. Agnew had resigned his place on the Committee, and the vacancy had been filled by the appointment of Dr. Hutchinson. He also announced the resignation of Dr. W. Parker.

The President appointed Dr. Crandall, of Allegany, to fill the vacancy.

The President appointed Drs. Sayre, Townsend and Bailey, as the Committee on the Memorials of the New York and Erie County Medical Societies.

Dr. Hutchinson offered the following:

Resolved, That the President appoint a Committee of three to prepare resolutions expressive of their feelings with regard to their late Honorary Member, Dr. Valentine Mott.

Adopted, and Drs. Peaslee, Hutchinson and Husted were appointed such Committee.

Dr. F. D. Lente, of Cold Springs, presented a new instrument for inhaling sulphuric ether, and explained its use.

Drs. Sayre, Squibb and Butler participated in the debate.

Dr. Edward H. Parker presented a paper upon the uses of chloroform and ether.

Dr. E. H. Parker offered the following:

Resolved, That the Secretary and Committee on Publication be instructed to use wood-cuts, instead of lithographs, in the illustrations of the Society, whenever practicable, and to admit no illustrations unless, in their opinion, absolutely necessary to explain the text.

Dr. Vanderpoel moved that the matter be referred to the Publishing Committee.

After some discussion the motion prevailed.

An invitation was received from Surgeon-General James E. Pomfret for the members of the Society to visit his residence this (Wednesday) evening.

An invitation was also received from Gov. Fenton for the Society to visit the Executive Mansion this evening at 10 o'clock.

On motion of Dr. Williams, the invitations were accepted.

Dr. Gurdon Buck, of New York, read a paper illustrative of cases, one of "Destruction of the body of the lower jaw, with extensive disfigurement of the face, from a shell wound;" also, two other cases of deformity.

Dr. E. R. Peaslee, of New York, read a paper upon "Retroflexion of the unimpregnated Uterus."

The following papers were recommended by the Business Committee to be read by title and referred to the Committee of Publication:

"On adaptability of the Hospital and Cottage plan to the treatment and management of the Insane Poor, as illustrated by the colony of Fitz James, at Clermont in France, by Charles A. Lee, M. D.

Also, "An Inquiry into the mode of propagation of cholera, with facts and reasons in favor of the theory of its transmission by choleraic stools, and in no other manner, with suggestions in regard to the proper preventives, measures to be used in case the disease should again appear among us, by Charles A. Lee, M. D."

Also, "A case of acute Enteritis, treated by B. G. McCabe, M. D., Monticello, Sullivan county."

Also, "A memorial of the late Dr. Simeon Snow, of Montgomery county."

Dr. Corliss reported that the Committee appointed to examine the Treasurer's report had found it correct. Adopted.

Dr. March read an interesting paper entitled "Biliary Calculi."

Recess until 3 P. M.

Afternoon Session.

Minutes of morning session were read and approved.

The Committee appointed on the Inaugural Address of the President reported as follows:

That the first matter claiming the attention of the Committee is the one so feelingly alluded to by the President—the untimely death of our late Secretary, Dr. Sylvester D. Willard. With but limited knowledge of Dr. Willard, except in his official capacity, it is obvious that your Committee cannot speak appropriately of his life and character; they therefore suggest that the President designate some one of the many personal friends of our late lamented Secretary to prepare a suitable memorial of him, and transmit it to the Committee of Publication in time to have it appear in the next volume of our transactions.

Our President notices very justly the great want of interest taken by too large a portion of the profession in medical matters, as manifested by neglecting to identify themselves with, and in many instances ignoring the County Societies, and expresses the hope that some measures may at once be inaugurated whereby there may be brought to the aid of the Society the latent experience and influence of a large class of medical men not belonging to any medical society, or connected with various organizations not having by law any relations with this Society. Your Committee cannot see that any legal remedy can or should be brought to bear on the existing state of things, nor do they know that any was contemplated by our President. We can only appeal to the sterling good sense of those gentlemen, and urge upon them as a duty, the uniting themselves with the Societies entitled to representation in this body, and thereby building up, or greatly strengthening, the local organizations, and enabling them to send us more representative men who will co-operate with us in the work of elevating the position, and enlarging the power for good, of the entire medical profession.

As to the suggested change in the manner of electing permanent members according to a pro rata of the medical population, rather than by the mode now in operation, which is based on political divisions of territory, and which gives us two members annually from each Senatorial District, your Committee think that the mode suggested would be eminently just, and would eventually result in our securing a larger number of active, intelligent, working members than we

are likely to have by the operation of the present mode.

All statutory provisions for the protection of the profession having been removed, it seems altogether reasonable that the power should be given to the local medical societies to determine the conditions of membership, and to discipline their members for any violation of that code of ethics under which we all act, with an appeal to the State Medical Society, as the "Tribunal to which all differences originating in the County Societies shall be referred for ultimate and final adjustment."

Your Committee express the hope that measures may be taken whereby there shall be secured the enactment of such laws as the existing state of things in our profession seem to demand.

All of which is respectfully submitted.

Edward L. Beadle,
James Kennedy,
Committee.

On motion, the report was accepted, and the Committee discharged.

Drs. Garrish and Downs, delegates to the Sixteenth annual session of the State Medical Society of Pennsylvania, presented a report, expressing their gratification at the cordial manner in which they were received, and the friendly interchange of sentiments which passed, and cherishing the hope that the correspondence by delegates between the sister societies may be not only fostered for the present, but for all time.

The report was accepted.

A report was also presented by Dr. Curry, delegate to the Connecticut State Medical Association. Accepted.

Dr. Corliss gave a very interesting account of his visits to the Connecticut and Massachusetts State Medical Societies.

Dr. Sayre offered the following:

Resolved, That the Secretary inform the delegates to the different State Societies of the time of their several meetings. Adopted.

Dr. Williams, from Committee on Health bill, reported by resolution, as follows:

Resolved, That the State Medical Society now in session, does hereby earnestly urge the Assembly to pass, at the earliest day, a Health bill which shall retain the general sanitary provisions and regulations contained in the bill which recently passed the Senate; as to the mode or manner of appointing the Commissioners to execute said law, the Society offers no suggestions, leaving this wholly to the wisdom of the Legislature.

Resolved, That a copy of the above resolution be sent to the Speaker of the Assembly at the earliest practicable moment. Adopted.

Dr. Crandall offered the following, which was adopted:

Resolved, That in accordance with the suggestions of the Committee on the Inaugural Address, the President is hereby authorized to appoint one or more members of this Society, residing in Albany, to prepare a suitable memorial of the late Secretary, Sylvester D. Willard, and that the same be published in the forthcoming transactions.

Dr. J. H. Curry offered the following:

Whereas, This Society wishes to express farther its appreciation of the life and character of S. D. Willard, M. D., late Secretary of this Society, and to show in some measure their sympathy with his numerous friends not connected with the profession; therefore,

Resolved, That the members of this Society do request the Biographer of the late Dr. Willard to issue five hundred extra copies of said biography, together with the steel plate of his likeness, and that the members of this Society will pay each the sum of $— to defray the expenses of the same.

The Chair appointed Drs. Townsend, Hun and Bailey, a Committee to collect subscriptions for the above object.

Dr. Sayre, from the Committee appointed to apply to the Legislature regarding laws governing Medical Societies, reported the draft of a bill.

Dr. Govan moved that the Society endorse the draft of the bill as drawn up by Dr. Sayre, and urgently request that the Legislature pass it into a law. Adopted.

Dr. March moved that a committee of three be appointed which shall be called the "Committee of Arrangements," whose duty it shall be to provide, in future, more accessible, commodious and convenient accommodations for the place of holding the meetings of this Society. Adopted. Dr. March, the Secretary, and the Treasurer, were appointed.

The following papers were presented to be read by title, and then referred to the Committee of Publication:

"Continuation of the Essay on Compound Human Monsters," by Dr. Fisher.

"Sanitary Condition of Fish Alley and surroundings," by Dr. Wm. F. Thomas

Dr. John P. Gray read a paper on General Paresis—incomplete progressive paralysis.

Dr. George T. Stevens read a paper on excisions in cases of gun-shot wounds.

Dr. Henry S. Downs described a case of hydrocephalus.

Dr. Brinsmade, from the Committee appointed to draft appropriate resolutions in reference to the decease of Dr. Blatchford, of Troy, reported as follows:

Resolved, That this Society has heard with profound sorrow, the announcement of the death of our late distinguiseed brother member and former President, Dr. Thos. W. Blatchford, of Troy; that his eminent abilities, high professional attainments, and social virtues, had won for him the esteem and regard of the medical profession of the State, and secured the respect and confidence of the community in which he was best known; and that, in his decease, this Society is called upon to mourn the loss of one of its most honorable and useful members, the profession one of its brightest ornaments, and the city in which he lived and labored, and died, one of its best men.

Resolved, That this Society extend an expression of its condolence to the widow and children of the deceased, and that a copy of these resolutions be sent to them by the Secretary of this Society.

Resolved, That Dr. Stephen Wickes, of Orange, N. J., be requested to write a Biography of the late Dr. Thomas W. Blatchford, and present it for publication in the next volume of the *Transactions* of this Society.

Adopted.

Then, on motion, the Society adjourned to meet at eight o'clock, in the Assembly Chamber, to hear the annual address of the President.

Evening Session.

Agreeable to adjournment, the Society met in the Assembly chamber at 8 in the evening. The Vice-President, Dr. Hutchinson presiding, Dr. H. W. Dean, the President, delivered a very able and finished address.

On motion of Dr. Brinsmade, a vote of thanks was tendered the President for his very able and interesting address.

When the Society adjourned, to meet at their usual place of assembling, at nine, Thursday morning.

THIRD DAY.

Thursday, Feb. 8, 1866.

The Society convened at 9½ A. M.

Prayer by Rev. Mr. Bridgeman.

The minutes of previous session were read and approved.

Dr. Hutchinson moved that the committee appointed to draft suitable resolutions expressing the sense of the Society relative to the death of Dr. Mott, be authorized to prepare such resolutions as they may think proper, and send them to the Committee on Publication, to be published in the transactions of the Society.—Adopted.

Dr. Shipman, from the committee appointed to draft suitable resolutions on the death of Dr. Wm. Taylor, of Manlius, Onondaga county, reported.

Dr. Bissell offered the following, which was adopted:

Whereas, The threatened approach of epidemic cholera is creating alarm and fear among all classes of people throughout the State; and

Whereas, In the opinion of this Society, cholera may be mainly, if not entirely, prevented from becoming *epidemic* in any city, town, or locality, by the adoption and rigid enforcement of proper hygienic measures; and,

Whereas, It is due from this Society to take such action to protect our people throughout the State, as a duty to our profession, and the safety and welfare of the citizens demand; therefore,

Resolved, That this Society concur in the views taken, and the recommendations made by the "Council of Hygiene and Public Health" of the citizens of New York, to protect the people of that city against the introduction and spreading of Asiatic cholera; the causes which will produce epidemic cholera, and the hygiene measures which will prevent its deadly march in that city will produce like effects in every other part of the State.

Resolved, That the Council of Hygiene and Public Health of said city are entitled to the thanks of the medical profession and people of the State, for their full and able report on epidemic cholera, adopted Nov. 14th, 1865, and that a copy of the same should at once be placed in the hands of all Common Councils, town authorities, and Boards of Health within the State limits, for their direction and guidance in the case of preventive measures, before the cholera shall visit their localities.

Dr. A. N. Bell moved that the same acknowledgments be tendered to Drs. Sayre, Murphy, and Swinburne, and to the Mayor of New York, for their efforts to exclude and prevent cholera, as published in a pamphlet for public distribution, under date of November, 1865, and that this pamphlet be distributed in the same manner as that of the report of the Citizens' Association. Adopted.

Dr. Wheeler, of Massachusetts, made some very interesting remarks expressive of his appreciation of the Society. He also illustrated a case of "Urinary Calculi."

Dr. Parker, from the Committee on Prize Essays, reported as follows:

To the Medical Society of the State of New York:

The Committee on the Merritt Cash Prize, appointed by your honorable body, being also the committee on the Brinsmade Prize, beg leave most respectfully to report as follows, and first with relation to the

MERRITT CASH PRIZE.

Your Committee are pained to be compelled to announce that no competitive essays for the above prize have been received during the past year. Notwithstanding the fact that the subject selected has been one of such dominant importance in the medical history of our great civil war, and the opportunities for studying it, whether in the field and among large bodies of troops, or upon individuals, in the multitude of hospitals scattered throughout the country, have made this subject familiar to every surgeon in the public service, the prize, now doubled in amount by accumulation of two years, still remains uncompeted for.

Considering the very extensive field of operations upon which our armies were employed, extending from Pennsylvania to Texas, and from the Atlantic Ocean to the western tributaries of the Mississippi, thus embracing an area of over 400,000 square miles, and presenting every variety of climate, whether marine, mountain, or inland, together with the modifying influences of soil, vegetation, and water courses upon the development, progress, and termination of diseases, your Committee, in selecting the subject of chronic diarrhœa for this prize, believed that they had chosen a rich field for competition, and confidently hoped, therefore, to elicit from the medical profession a large number of essays, from among which to select a successful candi-

date. They had greatly desired that some contribution to the medical history of a disease which was the special scourge of our armies might, for the honor of this Society, appear among its printed Transactions; and for this end retained the subject a second year, as a further invitation to competitors. In this hope your Committee have been sadly disappointed, and they feel compelled, therefore, to withdraw the subject, unless your honorable body shall otherwise order.

BRINSMADE PRIZE.

For this prize but one essay has been presented, and inasmuch as this does not comply with the rules specially laid down by the founder of the prize, nor fill the scope of requirements exacted by him, your Committee do not feel themselves authorized to receive the essay, and cannot, consequently, express any opinion upon its merits.

Your Committee cannot close their report without paying a passing tribute to the memory of their lamented colleague, the late Dr. Thomas W. Blatchford, known to this Society and to the profession throughout the country, as one of its most distinguished members and ornaments, his long life of usefulness has left behind it a memory without soil and without tarnish. To a mind of massive proportions, he united the rare graces of a refined scholarship, and brought to the elucidation of all scientific problems a logical power, which enabled him to grapple and master their elements as by intuition. The candor and inflexible honesty of his character compelled the admiration and won the esteem of all. He was a true man, and the well-rounded outlines of a symmetrical nature, closing in a wealth of personal merit, which affected no ostentation of display. As one of the pillars of this Society, his loss will not soon be repaired, while to those who enjoyed the privilege of his friendship. his memory will be endeared throughout life. *Extinctus amabitur idem.* The report was accepted.

Dr. Vanderpoel moved that the same Committee be continued, and that the subject on essays be referred back to that Committee, to act according to their judgment. Carried.

Dr. Squibb, from the Nominating Committee, presented the following, which was adopted unanimously:

The Committee on Nominations beg leave to recommend the following names for election to fill the offices and delegations of the ensuing year:

For President—Joseph C. Hutchinson, M. D., of Brooklyn.

For Vice-President—Julien T. Williams, M. D., of Dunkirk, Chatauque co.

For Secretary—William H. Bailey, M. D., of Albany.

For Treasurer—J. V. P. Quackenbush, M. D., of Albany.

FOR CENSORS.

Southern District—Oliver White, of New York; Dewitt C. Enos, of Brooklyn; Samuel A. Purdy, of New York.

Eastern District—B. P. Staats, of Albany; T. C. Brinsmade, of Troy; P. McNaughton, of Albany.

Middle District—M. M. Bagg, of Oneida co.; C. B. Coventry, of Oneida co.; A. F. Doolittle, of Herkimer co.

Western District—Alexander Thompson, of Cayuga co.; C. M. Crandall, of Alleghany co.; Edward Hall, of Cayuga co.

FOR COMMITTEE ON CORRESPONDENCE.

First District—Guido Furman, of New York.
Second District—William Govan, of Rockland co.
Third District—H. A. Carrington, of Lansingburg.
Fourth District—James Furguson, of Glens' Falls.
Fifth District—Samuel G. Woolcott, of Utica.
Sixth District—J. G. Orton, of Binghampton.
Seventh District—Harvey Jewett, of Canandaigua.
Eighth District—Sanford Eastman, of Buffalo.

FOR PERMANENT MEMBERS.

First District—Guido Furman, of New York; A. N. Bell, of Brooklyn.

Second District—John Ordronaux, of Queens co.; E. L. Beadle, of Poughkeepsie, Dutchess co.

Third District—G. Botsford, of Greenville, Green co.; C. C. Covell, of Stamford, Delaware co.

Fourth District—Thompson Burton, of Montgomery co.; E. W. Howard, of Warrensburg, Warren co.

Fifth District—Isaac H. Douglass, of Oneida co.; J. E. Casey, of Mohawk, Herkimer co.

Sixth District—H. K. Bellows, of Chenango co.; William H. Richardson, of Westport, Essex co.

Seventh District—Israel Parsons, of Marcellus, Onondaga co.; Samuel Gilmore, of Cayuga co.

Eighth District—Lewis A. Sayre, of New York city; William F. Carter, of Cohoes, Albany co.

ELIGIBLE TO PERMANENT MEMBERSHIP.

First District—John L. Banks, of New York city; Nenry D. Noyes, of New York city; Horatio P. Farnham, of New York city; John H. Hinton, of New York city.

Second District—William L. Appley, of Sullivan co.

Third District—Henry B. Whiton, of Troy, Rensselaer co.; Nelson Fanning, of Catskill, Green co.

Fourth District—John H. Mooers, of Plattsburg, Clinton co.; John J. Flint, of Washington co.

Fifth District—Wilson T. Bassett, of Otsego co.; G. L. Halsey, of Otsego.

Sixth District—E. G. Crafts, of Broome co.; Devillo White, of Chenango co.; E. Odell, of Chenango co.; L. H. Blake, of Livingston co.

Seventh District—Daniel W. Burdick, of Cortlandt co.; Henry D. Didama, of Onondaga co.; Wm. Manlius Smith, of Manlius, Onondaga.

Eighth District—C. C. Wyckoff, of Buffalo, Erie co.; H. H. Langworthy, of Rochester, Monroe co.; David Little, of Rochester, Monroe co.; Lawrence McKay, of Rochester, Monroe co.

FOR HONORARY MEMBERS.

Dr. Samuel W. Thayer, Jr., Burlington, Vt.; Dr. N. S. Davis, Chicago, Ill.; Dr. Albert Smith, Peterborough, N. H.

ELIGIBLE AS HONORARY MEMBERS.

Dr. William Henry Thayer, Keene, N. H.; Dr. Isaac Ray, Providence, R. I.; Dr. Ezra M. Hunt, New Jersey; Dr. Hopkins, Vergennes, Vt.

DELEGATES TO THE NATIONAL QUARANTINE CONVENTION.

Drs. Elisha Harris, James R. Wood, John H. Griscom, Augustus Willard, John Swinburne, A. N. Bell, John W. Green, John Ordronaux, Alden March.

DELEGATES TO THE CONNECTICUT STATE MEDICAL SOCIETY.

Drs. G J. Fisher, N. C. Husted, B. P. Staats, J. H. Curry, J. T. Williams.

DELEGATES TO THE NEW JERSEY STATE MEDICAL SOCIETY.

Drs. Richard A. Varick, George J. Fisher, William Govan, J. Foster Jenkins.

DELEGATES TO THE MASSACHUSETTS STATE MEDICAL SOCIETY.

Drs. Dr. Joseph Bates, Henry S. Downs, Samuel Hart. E. S. F. Arnold.

DELEGATES TO THE NEW HAMPSHIRE STATE MEDICAL SOCIETY.

Drs. E. R. Peaslee, Samuel Shumway, Hiram Corliss.

DELEGATES TO THE VERMONT STATE MEDICAL SOCIETY.

Drs. E. W. Howard, John H. Mooers, Wm. D. Seymour, Wm. H. Richardson.

DELEGATES TO THE PENNSYLVANIA STATE MEDICAL SOCIETY.

Drs. T. C. Finnell, George Burr, R. Cressen Stiles, John G. Orton.

DELEGATES TO THE OHIO STATE MEDICAL SOCIETY.

Drs. H. H. Langworthy, C. C. Wyckoff, J. T. Williams, H. W. Dean.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Drs. T. C. Brinsmade, Chairman; D. P. Bissell, Utica; H. W. Dean, C. C. Wyckoff, Buffalo; A. L. Saunders, Samuel G. Woolcott, Utica; J. C. Hutchinson, James L. Banks, New York; Edward Hall, L. J. Tefft, Syracuse; James Furguson, Seth Shove, Westchester co.; H. H. Langworthy, C. Green, Homer; J. K. Chamberlayne, F. Jacobs, Del. co.; E. H. Parker, G. J. Fisher, Sing Sing; H. A. Carrington, Harvey Jewett, S. Oakley Vanderpoel, John R. Van Kleck, Wm. H. Bailey, Thos. Hun, C. M. Crandall.

COMMITTEE ON STATISTICS.

1st District—N. C. Husted.
2d District—E. G. Fisher.
3d District—T. C. Brinsmade.
4th District—J. B. Reynolds.
5th District—A. L. Saunders.
6th District—J. G. Horton, Chairman.
7th District—N. Nivison.
8th District—J. R. Cotes.

COMMITTEE ON PRIZE ESSAYS.

Drs. E. H. Parker, John Ordronaux, E. R. Squibb.
Edward H. Parker, Chairman.

Dr. Squibb offered the following, which was adopted:

Whereas, There is reason to suppose that some persons are admitted to the courtesies of this Society, and to a place upon the Register, who may not be properly entitled to such a position; therefore,

Resolved, That the Committee on Credentials and Reception be instructed by the Society to be careful in their scrutiny of all the names who may be admitted or invited to the floor of the Society, and to so control the Register that no improper names obtain access to it; also, that this Society do not act on this subject independent of the Committee's action.

Dr. Beadle moved that the Committee on Credentials have power to erase the name of any person registered as a delegate from any Society or Institution not entitled to representation in this Society. Adopted.

Dr. G. J. Fisher, delegate to the Medical Society of the State of New Jersey, presented a report, which was accepted.

Dr. White moved that the thanks of the Society be tendered to our outgoing President, Dr. Dean, for the efficient, courteous, and dignified manner in which he has presided over our deliberations. Adopted.

Dr. Bell moved that a vote of thanks be tendered to Dr. Bailey, Secretary *pro tem.*, for the acceptable manner in which he has discharged his duties, notwithstanding the embarrassing circumstances attending his appointment. Adopted.

Dr. Bissell moved that Dr. Brinsmade present to the Publication Committee his remarks concerning the late Dr. Thos. W. Blatchford. Adopted.

Dr. W. C. Anderson moved that a Committee of Hygiene be appointed, composed of five members from this Society, to confer with the authorized officials and report to this Society. Adopted, and Drs. Bell, Anderson, Harris, Ordronaux, and McMillan, were appointed.

The following papers were read by title, and referred to the Publication Committee:

"Spontaneous Amputation in Utero," by Dr. Armsby.

Also, "Strangulated Congenital Hernia."

"Report of Commissioners of Quarantine," by Dr. Swinburne.

"The Willard Asylum for the Chronic Insane," (bill as passed the Legislature,) by Dr. Cook.

"Cases of Epidemic Cerebro Spinal Meningitis or 'Spotted Fever,' with post-mortem appearances," by Dr. J. R. Boulware.

Also, "Cases of Carbonaceous Lung."

Dr. Quackenbush, Treasurer, presented a bill from Chas. Van Benthuysen, for printing, which was referred to a committee, consisting of Drs. Quackenbush, Hun, and Townsend.

Then, on motion, the Society adjourned *sine die*.

Editorial Department.

Periscope.

Placenta Prævia.

The Transactions of the New York State Medical Society for 1865 contain an elaborate paper on the *anatomy, physiology, pathology, and treatment of placenta prævia*, by Prof. Isaac E. Taylor, of Bellevue Hospital, illustrated by diagrams and drawings. He concludes with the following propositions:

1. The perfect integrity of the cervix uteri during utero gestation in its whole length, without developing from above downward, or from below upward, but modified by physiological softening to prepare it for the office of expansion at the time of labor, and not before, for the exit of the child.

2. That the placenta prævia centralis is over the os uteri internum, and not in the cervix uteri at all, before labor commences, as is believed or demonstrated.

3. That the limit of spontaneous detachment of the lower polar circle, the boundary line of Dr. Barnes, is not the zone of safe attachment after separation of the placenta.

4. The cause of arrest of the flooding in general, is the limit of expansion of the os uteri internum to the extent of 12 or 14 inches in circumference, and 3½ to 4 in diameter, and 3 inches long.

5. That the boundary line thus reached by

nature is only safe so far as separation occurs by the contractions of the uterus.

6. That the hæmorrhage comes from the uterus as seen, and not from the placenta.

7. That the flooding is diastolic, not systolic.

8. That the method of separation of the placenta by the uterine contractions is from the centre, and not from the margin.

9. That the method of Dr. Simpson is preferable in cases of extreme exhaustion, to version, until nature can be restored in some degree to perform it.

10. That external version should be adopted first, in transverse presentations of the shoulder, neck, or face, before rupturing the membranes; if not successful, then internal and external version together, then true version, but not rapidly, if the other methods fail.

11. That the former and usual methods are confirmed by these investigations, in their value, such as tamponing and rupturing the membranes, and giving ergot.

Fistula in Ano. Operation by Ligature Modified.

Dr. A. W. Thompson, of Northampton, Mass., communicates, in a recent number of the *Boston Medical Journal*, a modified mode of operating for fistula in ano by ligature, which he has successfully used in cases where, by complicating circumstances, the ligature promises better results than the knife. It is described as follows:

"A ligature of four lengths of saddler's silk having been introduced and left as tight as could be borne, on the first evidence of its advance toward the surface—slackness in the portion outside—a C-spring of thin rubber, notched at its extremities that it might be held in place, was inserted under the loop of the cord, its convexity directed toward the skin, and its notched ends receiving the cord, strained into them by the action of the spring. As much strain was thus applied as the patient could endure. From day to day, new springs were added, or longer ones substituted, as more and more of the ligature appeared outside, until in a few hours short of eleven days it dropped away and the cure was complete." The spring is easily cleaned, absorbing no fluid, and admits of the application of poultices, which may be required.

Diuretics in the Treatment of Malarious or Periodical Fevers.

Dr. N. Wright, of Chatham, Ill., in a paper read before the Illinois State Medical Society, urges the use of diuretics, especially of acetate of potash, freely diluted with water, as strongly indicated in the treatment of periodical fevers and chronic malarial poisoning, the object being to eliminate the poison. In this class of diseases, he says, the urine is usually, if not always much diminished in quantity and quality, and the solid matters in solution are more diminished than even the quantity. Three to four hundred grains of solids are the usual amounts deposited, while from six to seven hundred ought to be removed in the normal state. Hence, if we can introduce some therapeutic agent that will enter the blood and capillary network of the body, and thus aid the metamorphosis and excretions from the blood, of the unhealthy elements there contained, and remove them from the system, we are working in a rational and sure way to cure our patients. Dr. W., of course, does not abandon quinine and tonics; the diuretic treatment is simply to aid other treatment.

Diphtheria treated by Lemon Juice.

Lemon juice has long since been used as a local application in diphtheria, but Dr. Revillont's treatment (*Gaz. des Hop*), as stated before the Paris Academy, is novel, on account of the large *doses*, and frequency of the application; the juice of from two to four lemons per hour, being used topically, as gargle, or by pencilling, and internally. Trousseau speaks highly favorable of this treatment, which, however, can only be used in adults, requiring a great deal of perseverance and courage on the part of the patient, the frequent application and use of the juice being accompanied by considerable pain.

Reviews and Book Notices.

Malformations, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment. By Thomas Annandale, F. R. C. S., Edin., Lecturer on Surgery, &c. The Jacksonian Prize Essay for 1864. J. B. Lippincott & Co. 1866. Pp. 292. With 12 lithographic plates.

We do not know of any other treatise on this subject. The number of mutilated hands and feet which the war has left, the surgery of some of which has not yet been finished, must make it now an interesting topic. It illustrates the present state of *literary exchange*, to observe that this volume is simply imported and reissued, not reprinted, here. It has been, however, handsomely printed in Edinburgh, on good paper, and with well executed illustrations, done in London.

Glancing over his chapters, we find the author first dealing with congenital affections of the digits. For *hypertrophy*, to a large extent, of a finger or a toe, the only available treatment (not always called for) is amputation. Very curious cases of *supernumerary* digits are mentioned; one of thirteen fingers on each hand, and twelve toes on each foot. The excess is most apt to be on the ulnar side of the hand. An extra phalanx of the thumb, or a double thumb, is more common. Removal of supernumerary fingers or toes is often, but by no means always, advisable.

In the second chapter, on digital inflammatory affections, the different varieties of *paronychia*, or whitlow, are considered. Mr. Annandale's classification is, into, 1st. Acute inflammation affecting the skin and areolar tissue. 2d. Affecting the tendons and their sheaths. 3d. Affecting the periosteum and bone.

This author's experience has been, that whitlow attacking the *areolar tissue* of the upper part of a finger is less apt to be severe, in spite of treatment, than that occurring at the *end* of the finger.

In the second form, where the *fibrous* structures are involved, Mr. Annandale agrees with surgeons generally, in urging an early incision, laying it open freely, to prevent extension of the disease and destruction of parts. Although, in this form, loss of bone is not common, loss of tendon may make the digit powerless. In *all* forms of whitlow, indeed, an early longitudinal incision is advised.

Without denying that this may be, generally, good practice, we have seen enough (and, also, suffered enough,) of digital inflammations to have formed the opinion that, sometimes, incisions may be *too* early, too extensive, or too often repeated.

In whitlow affecting the bony structures, "when more than one phalangeal bone is dis eased, or when great destruction of the soft textures has taken place," our author advises immediate amputation as a rule. If the digit can be of no use when healed up, it will be best to cut it off at once.

Mr. Annandale describes, further, that form of *diffuse cellular inflammation* of a finger or toe, which is sometimes so severe as to be even dangerous to life. This may follow a wound or other injury, but is especially apt to occur after a dissecting wound. A rather fuller account of this affection might have been given with advantage. The actively inflammatory nature of the local results of a dissecting wound is sometimes almost overlooked, in the apprehension of its *toxœmic* dangers. Having gone through it three times, the writer of this notice has reason for advising any one whose finger inflames from such a cause, to have it *freely leeched*, as one of the first measures of treatment.

Affections of the *nails* are very well discussed by Mr. Annandale. What is usually called *ingrowing* of the nail is, rightly, stated to be the *out-swelling of the soft parts* instead. Our author says that although lint interposed, and application of lunar caustic, may do for mild cases, they are tedious, and will not suffice nearly always. Dupuytren's plan is then recommended; to divide the nail longitudinally down to the root, and with forceps tear out that portion which lies against the sore. Mr. Annandale avers that this is not so painful as it is generally supposed to be.

We are sure, from actual observation, that most cases of this affection can be *prevented* from becoming severe by early soothing treatment (with poultices or water dressing, and simple cerate or lint, interposed,) and that the worst will often be best treated, without operation, by the application of *collodion*. This makes an artificial cuticle, which protects the inflamed flesh from the nail, and allows the soreness and swelling to go down. No one's nail should be dragged out until this has first been tried.

Ganglions, *Bunions*, *Warts*, and *Corns* are also very well discussed in this work. Bunions are enlarged *bursæ*, with thickening of the cuticle over them. Sometimes, however, chronic rheumatic arthritis of the great toe produces a similar state of things. *Puncture* of much distended bursæ is advised, a blister being then applied.

Epithelioma, and various *tumors* of the digits, are then taken up, briefly. Chapter IV. enters upon *Injuries* of the fingers and toes. *Chilblains* are first mentioned. Camphor in eau de cologne, turpentine and olive oil, tincture of cantharides in soap liniment, and solution of nitrate of silver, are spoken of as good remedies. *Frost-bite* is named as a more severe result of the same cause; often ending in mortification of the parts.

Bruises, *Wounds*, and *Nerve Injuries* receive attention in a number of pages. Reference is made to the work of Drs. Mitchell, Morehouse, and Keen upon wounds of nerves. Several other citations of American authorities occur in the work; more noticeable, because such reference appears to be avoided as far as possible in British medical writing generally.

Senile Gangrene, dry and moist, is described, and usual measures of treatment given, in a few paragraphs. *Dislocations* and *Fractures* of the digits follow. Then *Contractions* and *Distortions*, not congenital. They may result from—1st. Inflammation; 2d. Nervous affections; 3d. Injuries, tumors, or some mode of pressure.

Writer's Cramp, or *Scrivener's Palsy*, is alluded to as a curious affection. Its peculiarity is that, while the slightest attempts to write bring on a palsy, or spasmodic contraction of the thumb and fore and middle fingers, other movements of those fingers are not attended by any abnormal symptom. Trying to write causes the fingers and thumb to jerk the pen up and down in an extraordinary manner. The treatment of this disorder has been, as yet, unsatisfactory. Entire rest of the affected parts is undoubtedly the most essential thing.

Lastly, we have a chapter on *Excision* of the joints and bones of the digits, and another on *Amputations* of the same. Twelve plates, as already said, conclude the volume. Altogether, it is a good and complete monograph; without any superfluous display, either of reference or speculation.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 24, 1866.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.

I.

To those impatient at the anticipated delay of the publication of a complete official medical and surgical history of the late war, and who have complained of a recent order of the Surgeon-General forbidding all medical officers giving information of officially recorded facts relating to it, the recent issue of "Circular No. 6," from the Sugeon-General's office,* should be a convincing proof that their impatience is as ridiculous as their complaints are foolish.

The mass of material available for this history is astounding, and any one who has ever been engaged in working up statistics, tabulating series of cases, arranging and condensing records, will, with us, be willing to grant the most liberal terms, as regards time, to those upon whom this stupendous labor devolves. And that the Surgeon-General should guard and protect them in their work, from the confusion and annoyance which would result, were anybody who chose to do so, permitted to intrude himself upon them, to ransack the records, is a matter so plain, that it is difficult to understaed how any sensible man could object to such an order. None who really wish that the profession should be placed in possession of as complete and accurate a medical history of the war, as it is possible to compile, will fail, not only to exercise a little uncomplaining patience, but if in possession of facts bearing upon the subject, to communicate them to the Surgeon-General's office.

It has been rumored that the Sanitary Commission intend to publish a medical and surgical history of the war. Against any such attempt we energetically protest. If there are any surplus funds in the hands of the Commission, let them be applied to the legitimate purposes for which the people so liberally contributed,—the relief of wounded, crippled and invalid soldiers,—but not to the publication of a book, which, it is true, may gratify literary ambition, but at best will be incomplete and unreliable. If there are in the hands of the Sanitary Commission any facts, statistics, or records of real value, illustrating the medical and surgical history of the war, we suggest that they be placed at the disposal of the authorities, to whom the country looks for an authentic official history. The idea of the Sanitary Commission supererogating the duties of the government, is preposterous, although quite in keeping with some of the former doings of that body.

We propose to present a series of articles, sketches of the main facts and topics contained in the reports of Surgeon George A. Otis, and Assistant Surgeon J. J. Woodward, respectively in charge of the Surgical and Medical departments of the records and Army Medical Museum, retaining, as fas as practicable, their own language.

Surgical History of the War.

As far as the classification of wounds and injuries and their results, and of surgical operations, has been completed, the registers show 87,822 of the former, and 17,125 of the latter. Of the former there are of gun-shot fractures: cranium, 1108; bones of face, 1579; spine, 187; ribs, 180; pelvis, 397; scapula and clavicle, 389; humerus, 2408; radius and ulna, 785; carpus and metacarpus, 790; femur, 1957; patella and knee-joint, 1220; tibia and fibula, 1056; tarsus and metatarsus, 629. Penetrating wounds of thorax, 2303; of abdomen, 565. Of flesh wounds: upper extremities, 21,248; lower extremities, 25,152. We omit those of less importance.

Of operations there are: *Amputations*—fingers, 1849; wrist-joint, 46; forearm, 992; elbow-joint, 19; arm, 2706; shoulder-joint, 437; toes, 802; foot (partial), 160; ankle-joint, 73; leg, 3014; knee-joint, 132; thigh, 2984; hip-joint, 21. *Excisions*—head of humerus, 575; elbow, 315; wrist, 34; ankle, 22; in continuity of upper extremity, 695; shafts of tibia and fibula, 220; knee, 11; shaft of femur, 68; head of femur, 32; bones of face or trunk, 101. *Trephining*, 221: *Ligations* of arteries, 404; extractions of foreign bodies, 726; for surgical diseases, 443; miscellaneous, 23.

The statistics so far registered and transcribed, do not include the two last years of the war.

Gun-shot Injuries of the Head.

The number of gun-shot injuries of the head, so far reported, is 5046. These are divided into two classes; all gun-shot fractures and injuries of the cranium, and contusions of the skull resulting in lesions of the encephalon, and the simple contusions and flesh wounds of the scalp.

In the first class, of 604, of which the results have been ascertained, 505 died, and 199 recovered. In 107 of these terminated cases trephin-

* Reports on the Extent and Nature of the materials available for the Preparation of a Medical and Surgical History of the Rebellion; pp. 166,-large quarto.—(Reports by Surgeon George A. Otis, and Assistant Surgeon J. J. Woodward.)

ing was performed, of which 60 died, and 47 recovered. In 114 cases fragments of bone or of foreign substances were removed by the elevator or forceps, without the use of the trephine; and of these 61 died, and 53 recovered. When operative procedures were instituted, the recoveries were 45.3 per cent. "But," says the report, "it must be apprehended that this favorable exhibit will be materially modified when a larger number of results are ascertained, and that a great proportion of the field operations of trephining, in which the results are stated to be undetermined, were lost sight of, and terminated fatally. In the 483 cases treated by expectancy, the ratio of recovery is only 20.5 per cent. But the latter group of cases includes nearly all of the penetrating and perforating fractures, and it would be unwise to base on these figures an argument in favor of operative interference."

Of 3942 gun-shot wounds of the scalp, 103 terminated fatally. As far as ascertained, the fatal results have depended upon concussion or compression of the brain, or upon the formation of abscesses in the liver or lungs, in consequence of inflammation in the veins of the diploæ. Compression has resulted either from extravasation of blood, inflammation of the brain, or meninges, or suppuration.

The museum possesses eight examples of that rare and interesting variety of gun-shot fracture of the cranium, in which the external table is unbroken, while the vitreous table is fissured and sometimes depressed. In one of these specimens, without any apparent lesion of the external table, a fragment of the vitreous plate of the frontal bone was found to be completely detached and depressed upon the dura mater. In a case observed by Surgeon Bontecou, U. S. V., the probability of a depression of the vitreous table was inferred, and the diagnosis verified during life by the application of the trephine. An abscess had, however, formed in the brain, and the operation, though performed as soon as evidence of compression existed, was too late to save the patient.

This accident is believed to result in most instances from a small projectile striking the cranium very obliquely, or from a comparatively slight blow from a body with a large plane surface. The report gives several engravings of specimens of this fracture. Allied to these cases are those of linear fissure of the external table, with displacement of the inner, of which examples are also given.

The occurrence of hernia, or fungus cerebri, is mentioned in connection with 18 cases of gun-shot fracture of the skull, complicated by lacerations of the dura mater and brain. In four of these cases, recovery took place without operative interference with the protruding fungous mass, which in these instances, gradually contracted, was then covered by granulations, and finally cicatrized. In those cases in which bandaging and compression were resorted to, cerebral oppression was soon manifested, and stupor and coma eventually supervened. In those in which the tumor was sliced off, as usually recommended, at the proper level of the brain, it was commonly speedily reproduced, and death from irritation ensued.

In looking over the registers of gun-shot injuries of the head, two general facts are noticed: *first*, that in the after-treatment of scalp wounds, a multitude of surgeons did not consider spare diet, perfect rest, and antiphlogistic measures, as of essential importance; and, *secondly*, that in the treatment of cranial fractures, the general tendency was to the practice recommended by Guthrie in regard to operative procedures, rather than the more expectant plan insisted upon by the majority of modern European writers on military surgery.

Gun-shot Wounds of the Face.

Of 4167 gun-shot wounds of the face, so far transcribed, there were 1579 fractures of the facial bones, and 2588 flesh wounds. Of the former 891 recovered, 107 died, and the terminations are still to be ascertained in 581 cases.

Secondary hæmorrhage has been the principal source of fatality in these injuries. It is a frequent complication in gun-shot fractures of the facial bones, and the difficulties in securing bleeding vessels in this region are very great. Recourse has often been had to ligations of the carotid, with the result of postponing for a time the fatal event. Gun-shot wounds of the face, owing to the great vascularity and vitality of the tissues have commonly healed rapidly, and many plastic operations for the relief of deformities following such injuries have been accomplished. Such operations are illustrated at the Army Medical Museum by numerous casts and photographs.

Gun-shot Wounds of the Neck, Back, and Spine.

Of 1329 cases entered on the records, the ultimate results have thus far been ascertained in 546 cases, the mortality being 14 per cent.

There are eight examples of gun-shot perforations of the larynx or trachea among the specimens in the Army Medical Museum. Several instances are recorded in which large grape-shot, on striking the hyoid bone, were deflected and

buried themselves in the supra-spinous fossa of the scapula or among the muscles of the back. These patients died from laryngitis or œdema of the glottis, suddenly, when surgical assistance could not be immediately procured and tracheotomy performed, which might perhaps have saved them.

Of 187 recorded cases of gun-shot fracture of the vertebræ, all but seven proved fatal. Six of these were fractures of the transverse or spinous apophyses. The seventh case is that of a soldier wounded at Chickamauga, Sept. 20th, 1863, by a musket-ball, which fractured the spinous process of the fourth lumbar vertebra, and penetrated to the vertebral canal. The ball and fragments of bone were extracted at a Nashville hospital. The patient was tranferred to Louisville, thence to Jefferson Barracks, Missouri, thence to Madison, Indiana, and finally, on July 26th, 1864, to Quincy, Illinois. The last report states that he was likely to recover.

Five thousand one hundred and ninety-five gun-shot flesh wounds of the back have been recorded, of which a large proportion are injuries from shell. Troops being often ordered to lie down under a shell-fire, this region becomes particularly exposed.

Gun-shot Wounds of the Chest.

Of 7062 gun-shot wounds of the chest transcribed thus far, 2303 either penetrated the thoracic cavity or were accompanied by lesions of the thoracic viscera. The results have been ascertained in 1272 of these, and were fatal in 930, or 73 per cent. The 4759 flesh wounds presented a very small ratio of mortality, but were commonly long in healing, in consequence, no doubt, of the mobility of the thoracic parietes.

In the treatment of penetrating wounds of the chest, venesection appears to have been abandoned altogether. Hæmorrhage was treated by the application of cold, perfect rest, and opium. These measures seem to have proved adequate generally, and no instances are reported of the performance of paracentesis, or of the enlargement of wounds for the evacuation of the effused blood. Hæmorrhage from the vessels of the costal parietes or from the intercostal arteries has been exceedingly rare.

It has been the common practice to remove splintered portions of fractured ribs, and to round off sharp edges that were likely to wound the pleura or lung. After this, with the exception of extracting foreign bodies whenever practicable, and performing paracentesis when empyema was developed, it has been usual to leave these cases to the natural process of cure.

The records of the results of the so-called method of "*hermetically sealing*" gun-shot penetrating wounds of the chest are sufficiently ample to warrant an unqualified condemnation of the practice. The histories of the cases in which this plan was adopted, have been traced, in most instances, to their rapidly fatal conclusion. Only one recorded exception can be found, in which, about a week after the receipt of the injury, much to the relief of the patient, the hermetically sealed wounds were opened, and profuse discharges of clotted blood and purulent matter escaped, after which the patient continued to improve steadily to complete recovery.

Few examples of recovery are recorded where the track of the ball passed near the root of the lung. The cases in which there was a fracture of the rib at the wound of entry, were very dangerous. The established opinion, that penetrating wounds with lodgment of the ball are more fatal than perforating wounds, was amply illustrated.

Only four cases are recorded of gun-shot wounds of the heart that came under treatment. These cases are all preserved in the Army Medical Museum. The patient that lived longest after a gun-shot wound of the heart, survived twelve hours, a small pistol-shot having entered the left ventricle and passed out through the right auricle.

Several most remarkable instances are quoted to illustrate recovery from wounds involving both the thoracic and abdominal cavities. We give the synopsis of one:

Capt. Robert S., Co. A, 29th N. Y. Vols., wounded at Chancellorsville, May 2d, 1863. A round musket-ball, fired at a distance of 150 yards, entered the eighth intercostal space of left side, nine and a half inches to the left of the extremity of ensiform cartilage, fracturing the ninth rib. Ball passed through diaphragm and entered some portion of the alimentary canal. Capt. S. walked a mile and a half to the rear, and entered a field-hospital. There the surgeons found a protrusion of the lung, of the size of a small orange, which they unavailingly attempted to reduce. The wound was enlarged, and still it was impracticable to replace the protruded lung. On May 3d, the field-hospital lay exposed to the enemy's fire, when he walked another half a mile to the rear, was placed in an ambulance and brought to one of the base-hospitals across the Rappahannock. Here fruitless efforts were again made to reduce the hernial tumor, after which a ligature was thrown around its base and tightened. A day or two subsequently, the pa-

tient passed into the hands of Surgeon Tomaine, who removed the ligature. A small portion of gangrenous lung separated and left a clean granulating surface beneath. May 7th, the ball was voided at stool. May 8th, he was visited by Surgeon John H. Brinton, who found him walking about the ward, smoking a cigar. Entire absence of constitutional symptoms, no cough, no dyspnœa, no abdominal pain, bowels regular, appetite good. The protruding portion of the lung was carnified, and there was dulness on percussion and absence of respiratory murmur in a zone an inch and a half in width around the circumference of the base of the tumor. Hernia had been gradually diminishing in volume, it was at this time half the size of an egg, and covered with florid granulations. June 2d, Capt. S. was transferred to Washington. There was an elastic partly reducible tumor, over which an oval granulating surface, an inch and a half by three quarters of an inch. Vesicular murmur perfect throughout the lung, except in the immediate vicinity of the tumor. Compression of the tumor was advised. After a furlough of sixty days, the wound had entirely healed; respiratory sounds were normal; there was still a slight hernia of the lung. General health of the patient excellent.

We will continue these sketches in our next.

THE NEW YORK HEALTH BILL.

We feel considerably relieved in being able to communicate to our readers the fact that, at last, the Legislature of New York has passed a Health Bill, which will go into effect without delay, only awaiting formal adoption by the House, the signature of the Governor, and his appointment of four Commissioners.

The bill as finally adopted is a compromise, by which the differences of the two houses of the legislature were settled, in a manner, we hope, which will not interfere with the practical and efficient working of the law. It will be remembered that when the Assembly returned the original Senate bill, so amended as to make it an almost entirely new bill in its most essential features, the Senate by a decided vote refused to accept the bill so amended: upon which a Conference Committee was appointed by both branches. After some time spent in considering the merits of the two bills, the Senate Committee proposed to concede the appointment of the Sanitary Commissioners to the Governor, but retaining the Police Commissionors in the bill. This proposition was rejected by the House Committee, which, in turn, proposed to strike out the Police Commission, give the appointment of Sanitary Commissioners to the Governor, and add to them the Mayors of New York and Brooklyn, and the Health Officer of New York, or either of them. This was rejected by the Senate Committee. A compromise between the two propositions was then agreed to on both sides as follows: The Governor to appoint four Sanitary Commissioners, three of whom shall be physicians, and one to reside in Brooklyn; the Police Commissioners to constitute a part of the Health Board, as in the Senate bill, and the Health Officer of the port of New York to constitute another member of the Board.

The new Board of Health under this law will have Herculean labors to perform, before the Augean stables of our commercial metropolis are cleansed. But meanwhile, the people of New York may rejoice that day begins to break on the Sanitary horizon of their city.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

We present our readers this week a full report of the proceedings of the late meeting of the Medical Society of the State of New York. True, it occupies considerable space to the exclusion of much other valuable material, but the minutes of such meetings as this are calculated to benefit the profession at large, and we do not grudge, nor will our readers, the space they occupy. Besides, looking at it as a matter of simply local interest—which it is not—our circulation is so extensive in New York, as to make it incumbent on us to give our readers in that State matter which is to them of especial interest.

It does one good to attend such a medical society meeting as this. Think of three days spent in *real, active* business, pertaining to the advancement of medical science. The ordinary business of the Society, to be sure, occupied a part of the time, but the larger portion was devoted to hearing papers read on different medical and surgical subjects, and in discussions to which they gave rise. Besides the President's inaugural and annual addresses, thirty-seven papers were presented, most of which were read, and some of them elaborately illustrated by drawings and casts.

It is a great fault in some of our medical society meetings that time enough is not given; that the ordinary business of the organization is made the main, and the advancement of medical science a subordinate part of the proceedings. No State medical society should devote less than three days to the business of its annual session.

We know that the short session of the Medical Society of New Jersey last month, deprived it of valuable papers which should have been read and discussed.

The medical profession of New York have a great advantage over their brethren of other States, in that their *Transactions* are published by the State. This fact serves to stimulate research; for the knowledge that his labors will be permanently recorded for the benefit of his profession, is a strong inducement to a physician to report his observations to the Society of which he is a member. Cannot the profession of other States bring influences to bear on their legislators to do what New York is doing to advance the science of medicine?

One of the most important subjects brought to the attention of the Society was introduced by Dr. Squibb, of Brooklyn, in a preamble and series of resolutions, under the title, "An appeal for the *Materia Medica*." We refer our readers to these resolutions on page 143, and trust that the suggestion of calling the attention of other State Societies to the subject, will have the effect of inducing them to take similar action.

We notice that the business feature of the meetings of the Medical Society of the State of New York, almost entirely eclipses the sociable phase of such meetings; perhaps a little too much so. Delegates from other medical societies, besides the formality of a public reception, had little opportunity for sociable intercourse, and the formation of acquaintance among the members, offered them. They seemed to feel that they were strangers. We would suggest that all our Societies appoint a special committee, which might be called "The Committee on Delegates from other Societies," whose special duty it shall be to look after such delegates, and introduce them to the members. There seemed to be a feeling as if something was lacking in this respect, as a member made the impracticable proposition that delegates from other Societies be made the guests of the Society.

We would also suggest that there should be more system in the reception of these delegations, and that the occasion be improved on both sides to enunciate something more than mere commonplace compliments.

The present efficiency of the Medical Society of the State of New York is to be attributed to three causes—the holding of the annual meetings at the capital of the State; the publication of its *Transactions* by the State; and the personal exertions of its late Secretary, Dr. S. D. Willard. We are glad to see that the Society has taken steps to issue a fitting memorial in recognition of his work, and that an energetic man has been appointed his successor as Secretary.

THE ALBANY MEDICAL COLLEGE.

We were much gratified at a recent visit to the Laboratory, Museum and Library of the Albany Medical College. Through the courtesy of Dr. J. S. Mosher, Professor of Chemistry, we had the opportunity of examining them in detail. This college, by means of its laboratory, and museum, is capable of thoroughly illustrating a course of medical lectures. The collection in human and comparative anatomy, and of pathological and surgical specimens, is particularly rich. We are glad to learn that this liberal provision of the means of imparting instruction, is receiving its reward in large and intelligent classes. Last year there were 112 matriculants. The session is held in the fall and early winter, commencing on the first Tuesday of September, and continuing sixteen weeks.

Notes and Comments.

The Literature of Cholera.

In answer to inquiries in regard to the literature of Asiatic cholera, we have to say that there is no standard work on the subject—not one that is considered of sufficient value to be "in print," as the publishers say. Monographs enough have been published on the subject, but we know of none that has passed into a second edition.

It is remarkable that so formidable a disease as Asiatic cholera should have scourged the world for half a century, in several epidemic visitations, and not found a first-class exponent of its history, course, and treatment.

The most fatal disease of modern times has no standard written history more satisfactory and useful to the profession, than is condensed into our ordinary works on the practice of medicine!

Automatic Registering and Printing Barometer.

We have received an account of this remarkable invention by Prof. G. W. Hough, Director of the Dudley Observatory, Albany, N. Y. We have not space to give a description of the machine. Suffice to say, that it is operated by means of electro-magnetism, and makes a continuous and permanent record of the fluctuations of the barometer or thermometer. We have such a record before us, showing the fluctuations of both instruments during the cold term, Jan. 7th and 8th, 1866, when the thermometer fell to 18° below zero, and

the barometer reached the extraordinary height of 31.10. It is a noticeable fact that the fluctuations of the two instruments are in opposite directions—for every elevation of the barometer there is a corresponding depression of the thermometer, and *vice versa*. Thus, when the barometer stood at 31.10 as above, the thermometer was at —18°.

The Rinderpest in Pennsylvania.

Dr. Hiram Corson announces to the Pennsylvania Legislature the appearance of the cattle disease in Montgomery county, in this State, and suggests the passage of laws to prevent its spread. We trust that the event will prove that the doctor is mistaken.

"The Medical Record."

We have received the initial number—dated March 1st—of "*The Medical Record*," published by Wm. Wood & Co., and edited by Dr. George F. Shrady, New York. It is handsomely got up and is filled with well written original articles, lectures, reports, and editorials, and judicious selections. The *Record* consists of twenty-four pages of reading matter, royal octavo size, and is to be issued once in two weeks. Price $4 per annum.

The Chicago Medical Journal.

This journal comes to us in an entirely new dress, and under a new management. Drs. E. L. Holmes, H. M. Lyman, and R. M. Lackey are announced as editors. The *Journal* makes an excellent appearance, and the literary contents of this number are good. The *Journal* is a monthly of forty-eight pages,—$2 per annum. Too cheap!

The Jefferson Medical College.

It is intimated that the Faculty of the Jefferson Medical College is to be increased by the addition of a number of Lectureships on some important practical departments or specialties, and the names of several prominent medical gentlemen are mentioned in connection with the appointments.

Chicago Eye and Ear Infirmary.

We have received the sixth and seventh annual reports of the above institution. During the two years ending May, 1865, 902 patients were treated, making a total, since the opening of the Infirmary in 1858, of 2126 cases treated. Of those treated in 1863, 4, and 5, 813 were diseases of the eye, and 89 of the ear. This institution offers, we should think, excellent facilities for clinical instruction to the many students who resort to Chicago to pursue their medical studies.

The attending surgeons are Drs. Edward L. Holmes and Edwin Powell; the consulting surgeons, Professors Daniel Brainard and J. W. Freer.

Books, Pamphlets, etc., Received.

Professional Success: An Introductory Address at the opening of the Sixth Session of the Miami Medical College of Cincinnati, Nov. 1, 1865, by George Mendenhall, M. D.

Sacredness of the Medical Profession: A sermon preached before the Medical Students of Philadelphia, Sabbath evening, Nov. 19th, 1865, by Rev. E. R. Beadle.

Disease—a part of the Plan of Creation: The Annual Discourse before the Masssachusetts Medical Society, May 31, 1865, by Benjamin E. Cotting, M. D.

Tableau of the Yellow Fever of 1853, *etc.:* From Bennett Dowler, M. D., of New Orleans.

Introductory Address, delivered before the Medical Department of Georgetown College, Session of 1865–66, by Thomas Antisell, M. D., Professor of Military Surgery, Physiology, and Hygiene.

Inoculation in Pennsylvania: Read before the Medical Society of Pennsylvania, June 1865, by J. M. Toner, M. D., of Washington, D. C.

The Practice of Medicine: By Austin Flint. M. D. From H. C. Lea.

Correspondence.

FOREIGN.

London, Jan. 11, 1866.

The Rinderpest.

Editor Medical and Surgical Reporter:

An animated discussion of a very important subject is now going on among the professional and lay public. I allude to the nature and treatment of the *rinderpest*, or cattle disease, which has within a few months past created very extensive havoc, and more extensive alarm, over a very large portion of this kingdom, but especially in England. To such an extent has it prevailed in the vicinity of London, that the supply of milk is said to have been materially diminished. According to official reports made to the Government, the disease has attacked, during the last seven months of 1865, 73,549 out of a total number of 159,710 head of cattle in farms, sheds, and other places, where it was reported to exist. Of the whole number attacked, only 9579 recovered, about one-eighth.

Some eminent medical men have gone into an investigation of the character of the disorder.

Mr. Ceely has recently discovered some points of analogy between human small-pox and rinderpest, and Dr. Murchison, the distinguished writer on fevers, has given an opinion confirmatory of this diagnosis. A medical report of 1839 is quoted from the Transactions of the Provincial Medical and Surgical Association, to prove that "it has been shown by unquestionable evidence that cattle and other animals have for centuries been known to be affected with variola." It raged in England in 1745, and again in 1770, and it appeared amongst horned cattle, with more or less virulence, so late as 1780. Dr. Layard's observations on the successful inoculation from cow to cow is regarded as completing the chain of evidence in favor of the view that "it was the remains of this violent epizootic that Dr. Jenner found in Gloucestershire, and which, being occasionally transferred to the milkers, secured them from subsequent small-pox." What a treat the medical world is promising us! We have to pay dearly for it; but natural cow-pox has been a rarity for a long time past, and it is said to be possible—some declare probable—that the deadly murrain now afflicting our kine may turn to that human-life-preserving, benignant, and most desirable affection—cow-pox.

Another important witness in favor of the identity of variola and rinderpest, is Prof. Ferguson, in his report to the Government on the cattle-plague in Ireland, as follows.

He says: "The results of some investigations recently made relative to the sanitary state of cattle that had had the pustular disease generally known as 'cow-pox' induce me to recommend that all bovine animals be inoculated with vaccine matter. As yet, there has not been sufficient direct evidence furnished by specially instituted experiments to justify the assertion that vaccination will insure cattle an immunity from the plague, or even a diminution of its virulence; but as vaccination has very rarely proved injurious to stock, and certainly protects it from some diseases, it is desirable that it be immediately had recourse to in Ireland, as an expedient that may possibly eventually prove of service should cattle-plague unfortunately make its appearance in this country. The milk of cows suffering from cow-pox should not be used as food either for human beings or calves."

The Pathological Society had the subject before them last week, and from the remarks made, it appears that a difference of opinion yet prevails upon it.

"Dr. Quain introduced Mr. Hancock, a veterinary inspector of the Uxbridge district, as the first individual brought under the notice of medical men with an eruption, 'the appearances of which were exactly those of a declining vaccine vesicle.' Dr. Murchison, Mr. Ceely, and Prof. Spooner were struck with the 'vaccine character' of the malady; and the first to discover the nature of this interesting case was Mr. Rayner, a surgeon at Uxbridge. Dr. Burdon Sanderson and Professor Gamgee spoke strongly against the probabilities of Rinderpest being *variola*, and the first named gentleman has communicated an interesting description of the cattle plague eruptions to the *Lancet*. He says: 'During the last month I have had opportunities of carefully observing the appearances presented by the cutaneous eruption in all its forms, and have watched it with all the attention of which I am capable. Without unduly anticipating the description of the skin affection contained in my preliminary report, which is now ready to be submitted to the Royal Commission, I may state that the so-called scabs are not produced by the desiccation of pustules, but by the incrustation of the abundant secretion from the sebaceous follicles; that vesicles never occur at any period of the disease, the so-called flattened vesicles, described by Dr. Murchison, on the udder, being solid elevations, the structural elements of which are epidermal. The affection may be stated, so far as the investigations hitherto made enable me to judge, to be of the following nature: There is, in the first place, hyperæmia of the cutis in the affected parts. Secondly, an excessive secretion from the cutaneous glands. Thirdly, an exuberant development of nuclear corpuscles in the deep layer of the epidermis, by which the more superficial layers are separated from the true skin. In some parts, particularly on the udder, near the roots of the teats, and on the scrotum, this exuberant growth of nuclear bodies takes place at particular points only, giving rise to the elevations above mentioned. These elevations, which have been accurately designated by previous authors as nodules (*knötchen*), or heaps (*höckerchen*), and other words implying their solid character, gradually soften and break up, sometimes becoming semi-fluid, and thus acquiring an unreal resemblance to pustules.'

"Dr. Parkes, of Netley, writing in vindication of Mr. Ceely's claims to priority in the supposed discovery now agitating the public mind, says: 'The identity of cattle plague and small-pox, though probable, is not yet proved. We must all anxiously wait for the experimental evidence which can alone definitely settle this momentous question.'"

From this it would appear that the question is yet an open one, but as the government has taken the matter in hand, energetically, it is to be hoped that it will receive the attention of the best diagnosticians of both the medical and veterinary schools. Respecting the treatment of the disease, while its real nature is undetermined, that must of course remain purely empirical and uncertain. Homœopathy has ventured upon this field also, but judging from the statements contained in the newspapers, its success has been coincident with the dimensions of its doses.

Apropos here, I enclose an article from the *London Punch* of this week, which is clearly to the point.

Trichiasis.

That other serious disease of the brute creation, *Trichiasis*, which not only affects the hog, but also the human being, is likewise exciting a great deal of attention, more especially on the

continent. Its ravages appear to have been recently quite extensive, and to have proved fatal in a number of instances among eaters of pork. It has been suggested as a necessary sanitary measure, that no pork, in any form, be allowed to be sold without having been first examined by the microscope, as the only means by which the presence of the *trichina spiralis* can be detected. Such a measure would seem to be imperative in places where the disease prevails—and as a prudential step it would be justifiable in many other localities.

Very truly yours,

John H. Griscom.

DOMESTIC.

Asiatic Cholera. Contagion and Quarantine.

Editor Medical and Surgical Reporter:

It might be supposed, Mr. Editor, from reading the "Medical and Surgical Reporter" during the last six months, that the medical profession, and mankind generally, were unanimous in the opinion that Asiatic cholera is a contagious disease, and that our chief reliance for protection from its ravages, in this country, is upon the quarantine of vessels from foreign countries in our seaports. At least, so far as my observation goes, all the articles you have published upon the subject of cholera have favored this view.

Not doubting that you are willing and desirous to treat the subject fairly, I wish, with your permission, to enter in your journal my earnest protest against such doctrines.

In my opinion, and this is the opinion of many others, the doctrine that Asiatic cholera is a contagious disease, and its necessary sequence, the doctrine of the utility of quarantines to prevent epidemic cholera, are not only wholly erroneous and productive of most serious injury to the community, but they are also contrary to the almost unanimous evidence of those who have seen the most of the disease, and have most carefully studied the subject.

The true theory seems to me to be this; the causes of Asiatic cholera are—*first*, a "mysterious atmospheric cause," sometimes called an "epidemic constitution of the atmosphere;" and *second*, local conditions of filth, creating impure air.

The first of these causes is, of course, the most important, for without it we can never have any epidemic prevalence of the disease; but in our northern climate and with the habits of our people, the coexistence of the two causes is necessary to produce any great amount of the disease.

It has been objected, that we know nothing of this atmospheric cause, and that in medicine we should not reason "*ab ignorantiâ*." It is true we know nothing of its precise nature, nor do we of the precise nature of the cause of any epidemic; but of the existence of such an epidemic constitution of the atmosphere, increasing the prevalence and virulence of cholera as well as many other diseases, there can be no doubt. We suppose the cause to be in the atmosphere, because it is so wide-spread, exerting its influence over a great extent of territory at the same time. With this cause present, combined with the second cause, we will in one year have a general prevalence of cholera; the next year, with the same local causes in existence, we may not have a single case of the disease. Such, at least, has been our past experience. Indeed, without some such atmospheric influence, we could never have an epidemic of any disease, and on no other theory can we account for an epidemic.

Whether we call cholera contagious, or non-contagious, or infectious, or "portable," this mysterious or epidemic constitution of the atmosphere, and this alone, will account for its epidemic prevalence, as we have seen it in this country.

Such are the causes of Asiatic cholera, and the only causes. It is never contagious in the ordinary meaning of the term; never communicable from one person to another.

A person with Asiatic cholera, if removed from the place where the local causes of the disease exist, to a place where such causes do not exist, can never communicate the disease to another person. It is the local filth and impure air, combined with the atmospheric cause, which gives the disease to the patient, and which may give it to others; but the patient himself, independent of these local conditions, can never communicate the disease.

Some persons seem to be affected with "contagion on the brain," and will say that the fact that physicians and others in attendance on cholera patients sometimes take the disease, proves it to be contagious. But if a physician visits a family sick with intermittent fever, in a locality where the malaria is intense, and especially if he remains with his patients over night, he is very likely to take the disease. But does this prove intermittent fever to be contagious? Just as much as the other case proves cholera to be contagious, and no more. It is the locality, or the local conditions surrounding the patient, which cause the disease, and not contagion.

Such, as it seems to me, is the correct and generally approved theory in relation to the causes of Asiatic cholera. It was not my intention to enter into any arguments upon the sub-

ject, but only to make this statement of the case, and leave it to the consideration of your readers. It might be shown, positively, that cholera has appeared in numerous instances where contagion (or "portability") was impossible. An innumerable multitude of facts might also be given which would prove, negatively, that cholera is not contagious. We might also quote the opinions of the vast majority of the observers of the disease, in all parts of the world, that it is not contagious; but neither your space nor my time permit this.

It will be seen that this view of the subject magnifies to the utmost, the importance of internal sanitary measures. It is fortunate for the people that, upon this point, all parties agree. The advocates of contagion, and of quarantine, and of portability, all acknowledge the overwhelming importance of these measures.

But if the view I have given of the causes of cholera is correct, it reduces to an infinitesimal quantity the value of quarantine for the prevention of the disease. If the causes of cholera are an epidemic constitution of the atmosphere, combined with local causes, and if the cholera cannot possibly spread, *epidemically*, without the presence of this atmospheric cause, over which quarantines have no possible control, then quarantines for cholera are comparatively, at least, useless; and if useless, they are ———; but I will reserve, for another paper, the subject of quarantine.

Edwin M. Snow, M. D.

Providence, R. I., Feb. 13, 1866.

News and Miscellany.

St. Luke's Hospital, New York.

We have received the report of this excellent charity for the year ending in October last. The number of patients treated during the year was 817; 155 remaining in the wards at the close of the year. The deaths amounted to nearly 14 per cent. The chief causes of mortality were, *consumption*, 42; *Coroner's cases*, 15; *cardiac disease*, 13; *Bright's disease*, 11.

Among the capital operations performed during the year was an amputation at the hip-joint, upon a soldier who had been severely wounded two years before, and whose vital powers were rapidly failing. The operation was performed as the only chance for prolonging life. Every such operation having heretofore proved fatal in New York within a few hours or days at furthest, much solicitude was felt; but the patient not only survived the shock of the operation well, but for several weeks progressed rapidly toward recovery, when symptoms of phthisis supervened, and he died of consumption four months after the operation.

The report is signed by Dr. C. W. Packard, on behalf of the attending physicians and surgeons, whose names do not appear in this report.

Murder of a Physician.

On Tuesday evening of last week, Dr. Joseph H. Levering, residing at Lower Merion, Montgomery co., near this city, returned from his afternoon visits to his patients, and was engaged in putting up his horse, when he was shot dead by some one concealed near his house. Several balls taking effect in his breast. No cause for the murder has transpired, and it is not known that any provocation was given.

Fatal Accident to a Physician.

On Friday evening of last week, Dr. William Mount, of Cincinnati, Ohio, was fatally injured by being struck just behind the ear by the pole of a carriage which was being driven at an illegal rate of speed along a street he was crossing. Dr. Mount died on Saturday morning, at three o'clock, at the Girard House, where he was stopping with his wife. The driver was committed by the Coroner's jury to answer the charge of homicide.

Cholera in the West Indies. Extensive Ravages.

The following letter appears in the columns of the *Martinique Antilles*, received at St. Pierre from Guadaloupe, a few days before the arrival of the steamer. It gives a gloomy account of the state of things in that island:

Pointe-a-Pitre, Nov. 30, 1865.

Since the last ten days of fair weather, the epidemic, which is nothing less than the cholera in the most fatal algide stage, has committed awful havoc, not less than eighty or ninety per day, (official figures.) The mortality has risen from the outbreak of the disease to the 17th, in this town, to over four hundred, and I cannot tell how many more since. On the 10th, there were twenty-nine deaths; on the 11th, thirty. The cholera has reached the rural districts Monte, Abymes, Gosler, St. Rose, and Port Louis. At Besseterre there have been several deaths.

In short, I must say that the entire island is affected with the fearful disease. Marie Galante has been again more severely visited. At Mr. De Retz's, in forty-eight hours, there were forty attacked, and in twenty-four hours, that planter lost twenty-two laborers. All the laborers have left off work. The disease is no longer localized; it has gone everywhere. The population of Pointe-a-Pitre has been reduced by very near one-half. People were flying, some days since, from several quarters to escape the cholera, and now, behold! it is in all directions. I think, however, that in a few days there will be a sensible reduction in the number of cases.

Every night fires are kindled in the streets, and the inhabitants actually amuse themselves

by running about them as if they were not in danger. In the daytime they bury the dead, taking the corpses from all parts of the town, and in the night these fires afford rude gayety, if one can have even such under existing circumstances.

—— Dr. John Swinburne has been re-nominated and confirmed as Health Officer for the port of New York. This is one of the most important positions held by a medical man in this country, and it is fortunate for New York and the whole country, particularly at this time, in view of the possible approach of cholera to our shores this season, that it is filled by one who is so competent to discharge its duties. Dr. Swinburne's administration for the past three years has given very general satisfaction.

—— Infant Mortality.—Of every hundred newly-born children, according to English life insurance tables, Dr. Wm. Farr says, twenty-six die in the first five years.

—— New Planet.—On the night of Jan. 4th, Dr. F. Tietjen, of the Berlin Observatory, discovered a new planet of very pale color, belonging to the well-known group between Mars and Jupiter.

——Trichiniasis.—In Berlin, Gotha, Zwicken, and Hadersleben, many persons have been affected by trichinous meat. In Hadersleben, the number amounted to 66; 3 died.

—— Disappearance of Cholera from Paris. The *Union Médicale* of the 16th ult., states that for some days previously no new case of cholera had occurred in Paris, either in the city proper or in the hospitals.

—— Eleven men were frozen to death in the vicinity of Hamilton, Fillmore co., Minn., on the night of the 20th ult. Six of them were frozen in a sleigh while passing along the road. Another was found frozen in a standing posture, with his hands over his face, only a few rods from a house.

—— A special committee, of which Dr. Z. Pitcher was chairman, and Drs. Wm. Brodie and Chas. Brumme were members, has made an able report to the Board of Health of Detroit, suggesting measures for the prevention of Asiatic cholera, and the promotion of the public health. They recommend the establishment in Detroit of a Dispensary.

—— The guards on the trains of the Swedish railways are required to have a knowledge of the elements of surgery, that in case of accidents they may be able to render medical assistance. An ambulance fitted up with every requisite, forms part of each train.

—— The Portage (Wis.) *Register* announces the death of Joseph Crele, the aged veteran of one hundred and forty-one years, which occurred on the 27th of January, after a brief illness, at the residence of his grand-daughter, Mrs. Brisbois, in Caledonia, about four miles from Portage. During the past year Mr. Crele obtained a world-wide notoriety through the newspapers, on account of his extreme longevity. He was born near the city of Detroit, in the year 1725, as shown by the records of the Roman Catholic Church of that city, and was probably the oldest man in the world.

——Death from Chloroform.—Another death from chloroform has recently taken place at the St. Mary's Hospital, Dublin. From the evidence at the inquest, it appears that all proper precautions had been taken, and no cause for the sudden syncope could be detected on post mortem examination. The chloroform had been given preparatory to the operation of evulsion of toenail.

——Consumption of Wine in Paris —The annual consumption of wine in Paris by each inhabitant is estimated at one hectolitre and a half. The hectolitre is a little over 22 gallons.

——Dr. Dominick Corrigan, of Ireland, has been created a Baronet. It will be remembered that William Ferguson, of England, and James Simpson, of Scotland, were also created "Sirs."

MARRIED.

Cooper—Wells.—In San Francisco, California, January 9, by the Rev. S. T. Wells, James G. Cooper, M. D., and Miss Rosanna McPherson Wells, daughter of the officiating clergyman.

Landis—Whilt —In this city, on the 25th ult., by Rev. T. DeWitt Talmage, Dr. I. R. Landis, of Elizabethtown, and Emma M. Whilt, of Philadelphia.

Leaman—Musselman—At the residence of the bride's father, on the 15th inst., by Rev. William A. White, Brainerd Leaman, M. D., and Josie E., third daughter of Henry Musselman, of Lancaster county, Pa.

Mitchell—Swett.—In Brunswick, Me , Dec. 26th, by Rev. C. M. Herring, Alfred Mitchell, M. D., and Abbie E. Swett, both of Brunswick.

Wise—Thomas.—At Wilmington, Del., on the 6th inst., by the Rev. W. H. Furness. John W Wise, of Philadelphia, to Emma L., daughter of Dr. W. W. Thomas.

DIED.

Ewing.—At Dunlap's Creek, Pa., Jan. 26th, of diphtheria, Geo. C. Ewing, M. D., in the 31st year of his age.

Heyl.—In this city, on the 15th instant, Henry F. Heyl, M. D., in the 75th year of his age.

Hilton.—At Gilmantown Iron Works, N. H., Jan. 31, Dr. John Hilton, in the 77th year of his age.

Ingham.—In this city (near Fox Chase), on the 16th inst., John A. Ingham, M. D., in the 62d year of his age.

Levering —Near this city, suddenly, on the 13th instant, Dr. Joseph H. Levering, in the 47th year of his age.

Sharp.—February 9th, at Port Elizabeth, N. J., Hannah A. Sharp, wife of Dr. J. T. Sharp, and daughter of the late Edward Smith, of Philadelphia.

Winslow.—At Baltimore, on the 13th instant, Dr. John R. Winslow.

ANSWERS TO CORRESPONDENTS.

Dr. H. W. M., Johnstown, Pa.—Tilt on Uterine and Ovarian Inflammation, and on Diseases of Menstruation, can be obtained only from England. Price $6.

Dr. O. P. S., Sandy Springs, Md.—Tooth Forceps, sent by Express, February 12th.

METEOROLOGY.

Feb. 1866,	5,	6,	7,	8,	9,	10,	11.
Wind	N. W.	N. W.	N. E.	N. E.	N. E.	E.	S. E.
Weather	Clear.	Clear.	Cl'dy.	Cl'dy,	Cl'dy. Snow, Rain.	Cl'dy.	Cl'dy. Rain.
Depth Rain				1 1-10	1-10		1 8-10
Thermometer.							
Minimum	7°	8°	9°	15°	27°	27°	34°
At 8 A. M.	14	22	19	34	36	33	43
At 12 M.	18	29	26	38	38	36	53
At 3 P. M.	19	30	25	37	37	36	56
Mean	14.50	22.25	19.75	31.	34.50	33.	46.50
Barometer.							
At 12 M.	30.7	30 6	30.5	30.	30.1	30.1	30.

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 470.] PHILADELPHIA, MARCH 3, 1866. [Vol. XIV.—No. 9.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

[*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

It will be most convenient to commence the study of cholera with its pathology, and in doing so, the appearances after death first invite attention.

Pathological Appearances.

One of the most constant and peculiar changes noticed in the body of persons who have died of cholera, is a bluish, violet discoloration of skin, extending, more or less, over the whole surface, and never entirely absent near the nails, the inner surfaces of the hands and feet, the genitals, lips, ears, etc. The skin frequently, and especially in the palms, is wrinkled, like the hands of a washer-woman.

A remarkable feature of cholera is the early, somewhat severe, and long-continuing *rigor mortis*. It has been observed to set in during the first two hours after death, and there is an instance recorded, where it took place in forty minutes. Again, in persons, dead of cholera, there have been noticed certain strange *movements of the muscles*, showing that muscular contractility is preserved for a certain length of time after death, and can be called into play by the application of proper stimuli. Though death has taken place, the power of the muscles to contract is not lost. This phenomenon has been observed after death from other causes,—such as apoplexy, cases of rapid yellow fever, and hanging,—but in cholera it is of much more frequent occurrence and striking character. These muscular movements are almost always quite slow. In one instance recorded, the arms of a patient, who had died of cholera, slowly moved from his sides upon his chest, clasping his hands; in another instance, the eyelids, which were shut, opened, and the eyes moved so as to be cast down; in other cases the muscular movements were more extended, and somewhat more forcible, giving them, as it were, the character of convulsive movements. These movements are occasionally so marked as to lead to the suspicion that the patient is not yet dead.

It is not uncommon to find the *temperature of the body*, which at the time of death, is considerably below the normal point, soon afterward begin to *rise*, and its elevation by one and a half to three degrees is common. Sometimes it rises even higher than the temperature of the surrounding atmosphere. This rise of temperature is especially marked in the axilla, the region of the heart, the mouth. So remarkably striking was this fact in one case, recorded by an English physician, that he was led to believe there was still a lingering spark of vitality left, and the body was surrounded in sawdust for two days, electricity applied, and other means resorted to, to sustain what life there might be dormant. But after two days it became apparent that death was positive; remarkable, however, that even at the lapse of that period the temperature had not materially fallen. This same increase in the temperature has been observed after death from other diseases; for instance, yellow fever, pneumonia, but it is much more common in cholera, and forms one of its marked features.

In turning to the organs in the interior of the body, it matters little where we begin, as changes are to be observed more or less throughout.

Brain. It is customary to find the brain the seat of considerable congestion; the vessels of the dura mater, the sinuses, the vessels of the pia mater, and of the brain itself, are more or less gorged, and show evidence of the presence of a more than usual allowance of blood. Especially is this the case, when death has been preceded by stupor or coma. But it is not by any means well marked in *all* cases; in greater or less degree, perhaps very nearly in one half. In another class of cases, serous effusion is found in considerable quantity, and the effusion is occasionally stained with blood.

The *spinal cord* is not found to have undergone much change. Sometimes it is a little stained,—there seems to be a disposition in the course of the disease to stain the various organs—but otherwise, neither in the spinal cord, nor in the *medulla oblongata*, have any decided changes been noticed, sufficient to account for, or to establish a necessary connecting link with symptoms during life.

The *semilunar ganglia*, and the ganglionic system of nerves generally, have been made objects of exploration by most observers, particularly as the phenomena of the disease, to which allusion will be made further on, seem to bear important relations to the ganglionic centres; but though some marked changes have occasionally been observed, such as softening, or enlargement of the ganglia; the general summing up, as far as observation has extended, is, that they present no special lesion of a constant character.

Alimentary canal. It is in the alimentary canal where the disease seems to expend its principal force, and consequently it is here that the most important changes are found. These changes are noticed in the *mouth*. The secreting follicles in the fauces are elevated and reddened; so also of the tongue and tonsils.

The *œsophagus*, almost uniformly in its lower portion, and sometimes above, is observed to be reddened, and to have lost its epithelial covering.

The *stomach*, in many instances, presents changes of a marked character, while in other cases it shows only a pale or yellowish appearance. In some cases it is studded with little elevations, in others its mucous surface is the seat of a punctate injection. The first condition is generally found when there has been a great deal of vomiting. This elevation of the solitary glands, standing out more or less prominently, and filled with a fluid material, similar to the condition found in Brunner's glands, is well represented by some of the plates in Pirogoff's illustrated work. In some specimens the food is found to remain entirely undigested in the stomach after severe vomiting; a fine illustration of this is given by Pirogoff, where the stomach is shown to contain a mass of undigested mushrooms, (much eaten in Russia during the season of lent,) while the punctate injection of the organ is marked. Another specimen, also from Pirogoff, shows extensive spots of ecchymosis and exudation of a granular sort, analogous to the exudation of diphtheria.

At other times the stomach scarcely shows any change. Almost invariably, however, it is found at least to have undergone some increase in thickness, if the varieties of appearances already indicated are not well marked. A mammelated appearance is also noticed. All these things show pretty clearly that there has been a decided change from the healthy function of the organ, that it has been subject to hyperæmia, or inflammatory hyperæmia.

Descending to the *small intestines*, these are generally found pale and œdematous, there is swelling of the valvulæ conniventes, especially of the upper part of the small intestines; the papillæ are enlarged. In many instances, after death, a pretty abundant injection of the blood-vessels of the mucous membrane is found, such as is seen in a specimen shown, where the lower part of the ilium particularly is the seat of increased vascularity. The ilium is generally more liable to suffer marked changes. In many cases, as in the present specimen, the injection or increased vascularity is arborescent. Again, as seen in another specimen presented, one of the striking changes consists in a pretty abundant ecchymosis, while the arborescent vascularity is still better illustrated in a third specimen, in which the minute individual vessels are quite clearly defined.

Perhaps the most common change here observed consists in an enlargement of the solitary glands, containing a serous, pus-like fluid, or granular matter. These little sacs, which constitute the glands of Brunner, do not always attain to a size distinctly observable with the naked eye; but, in most instances, by the aid of the microscope they are found to contain some abnormal substance or deposit. The glands or patches of Peyer are similarly affected, elevated, and rendered prominent by deposit of the same material, and in some cases they are found to have burst. This change is well illustrated in another specimen here presented.

Again, the epithelium, which naturally covers the intestinal canal, is found to be wholly or partially removed. Generally, the detachment of the epithelium is only partial, parts of it hanging loose; but, still a great deal of it is entirely thrown off. This pathological feature of cholera has especially been demonstrated by several Philadelphia physicians, during the epidemic of 1849—principally by Dr. Neil.

An exudation occurs in the progress of this disease, most noticeable in the typhoid condition, granular, either on the surface of the intestine or in its tissue. In many cases, the elevated follicles are surrounded by a ring of injection. In the progress of the disease, this sort of diphtheritic exudation may break down the tissue and cause ulceration and death of the parts. Wher-

ever this granular matter is abundantly infiltrated, sloughing and ulceration are liable to occur. The cases in which the amount of ecchymosis in the intestines is very abundant, have been termed by Pirogoff dysenteric cholera.

The *mesenteric glands* are ordinarily found to have undergone a change. They appear more vascular than natural, and frequently moderately enlarged—sometimes very much so.

It is manifest then, from the post-mortem appearances already referred to, that there are changes in the intestinal canal, of an inflammatory origin, and extending through the whole tract. On the *peritoneal surface*, little is seen. Pirogoff thinks that at the beginning there is considerable injection of the peritoneum; generally, it is described as dry and vascular. The occurrence of a fine granular matter on the peritoneal surface has been observed, but not sufficiently often to characterize it as one of the common changes.

Large intestines. Changes analogous to those described in the small intestines are found in the large. But, in general, the whole is not found in the same condition. The vascularity here is arborescent rather than punctate; the granular deposit is also found here, and cases have been noticed, where parts of the mucous membrane had sloughed away. In some specimens deposition of a fibrinous matter has been observed.

But such marked lesions of the intestinal tract as have been described, are not found in every case. Paleness, a little œdema, detachment of epithelium, and the commencement of the deposit described, are frequently all that can be discovered.

The *liver* is not in a uniform condition. As a general rule, it is pale and exsanguinated—occasionally moderately engorged; in a majority of cases there is no excess of blood in the organ, nor any marked characteristic change. Pirogoff thinks that he has occasionally found circumscribed fatty degeneration of the liver and diphtheritic deposit in the gall-bladder. The gall bladder is generally found full of bile, of a darker hue than natural, and in rare instances—one in forty—containing no bile, but a purulent or plastic material.

In the *kidneys* no very marked changes are found. In most cases there is increased vascularity, chiefly in the venous renal circulation, and generally also we find pretty free exfoliation of the epithelium of the tubes extending down to the ducts. When the disease has progressed to the typhoid condition, an appearance has been noticed by some pathologists, particularly by Virchow, which closely resembles the condition of the kidney found in acute cases of Bright's disease, and which has been denominated albuminous nephritis. A marked change in the secretion of the organ is observed in these cases. There is some analogy to Bright's disease in this condition, only with this difference, that the incursion and progress of the renal affection of cholera is rapid beyond all comparison with the disease mentioned.

The *spleen* in cholera has not been observed to be the seat of marked changes. It is flabby sometimes, and in regions in which malarious influences are dominant, it has been noticed to be enlarged and to present other abnormal appearances. This, however, is due undoubtedly to previous action of malarial poison.

The *bladder* is found to be contracted and almost always nearly empty. It is hardly ever discovered to contain healthy urine. That which it contains is creamy or milky; it has sometimes been described as purulent, but whether it is pus, is very doubtful. The creamy, milky, or purulent appearance is most likely owing to considerable quantities of epithelium, cast off from the kidneys and bladder. The quantity of this abnormal fluid which the bladder contains is ordinarily about two or three drachms.

If we turn to the *larynx* and *thorax*, not so many instructive facts are met with as in the alimentary canal. Still it is noticeable that there is generally a considerable degree of vascularity in the larynx, that the vocal cords are injected and swollen by œdema. The *lungs* in many cases are entirely healthy; in some they are the seat of apoplectic effusions, and in those who die late in the progress of the disease, during the typhoid stage, consolidation and pneumonia are not unfrequent. It has been noticed by almost all observers, that a small proportion of those who die show tubercles in the lungs, which, if it does not prove that tubercular patients are less liable to become attacked by the disease than others, at least shows that they are not more so on that account. In the advanced stages of cholera, the *pleura* is not unfrequently found the seat of lymphy exudation.

The *heart* commonly presents a pale appearance. Occasionally it is a little flabby, but otherwise healthy. Its contents are of more interest. The left cavities are sometimes closely contracted, while the right are filled with blood. Sometimes all the cavities contain blood, but invariably the right are found to contain more. The *blood* has been the object of particular attention; it is thick, undergoes coagulation with difficulty,

and is often not coagulated at all. In thirty-four (34) examinations, it was found entirely fluid in the heart and lungs in thirty-three (33) cases, and firmly coagulated nowhere in any. The blood evidently has undergone a change which is not compatible with ready coagulation, and while it is found abundantly in the veins, the arteries are universally more or less empty.

These are the extreme lesions, belonging to the more advanced stages of the disease, and seen fully developed only in the typhoid stage. But they are interesting, although death may take place before they are fully established, showing what the appearances would be, if the disease had progressed. While it is clear that all these changes occur in the progress of the disease, it is impossible that one can be singled out as particularly connected with the cause of cholera. Even the blood, upon which we might look as being directly and primarily affected by the cholera-poison, in its appearance of thickness and want of coagulability only shows the consequences of the loss of its serum, and not the direct influence of the original cause.

Communications.

REDUCTION OF AXILLARY DISLOCATION OF THE SHOULDER BY MANIPULATION.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa. Late U. S. Navy.

Dennis McP., æt. 27 years, called at my office, on Jan. 16th, suffering from the effects of a fall received the day before. Upon examination, the left upper extremity presented the following appearance: The acromion process was more distinct than natural, with a well-marked depression below it. Upon rotating the limb, the head of the bone was distinctly felt, rolling about between the thumb and fingers, *but only when the elbow was removed from the side.* The natural roundness of the shoulder was lost, in consequence of the deltoid muscle being drawn down with the head of the bone. The elbow was removed from the axis of the body, caused by the action of the deltoid—the long head of the biceps and supra-spinatus muscles being also stretched and tending to throw the bone outward. The pain which arose from the position of the head of the bone compelled the patient to lean toward the affected side, to keep the forearm flexed, and the elbow supported on the hip in such a manner that the arm, having a resting-place, might be sheltered from all painful motion—*especially that of the elbow inward.*

Nature, which varies according to the necessities of different animals and the number of their joints, has also been provident enough to vary the structure of these parts according to the use of the different portions of their economy. Some joints admit of great latitude of motion, but their strength is easily overpowered by the action of external bodies. Such, in man, is the shoulder-joint. Here everything seems to facilitate the escape of the head of the bone from its natural cavity. An oval shallow cavity, surrounded by a margin of little thickness, receives a semi-spherical head, which is twice as broad as the cavity in the perpendicular direction, and three times as extensive from before backward. With respect to the ligaments, the joint is only strengthened by a mere capsule, which is thin below, where nothing opposes a dislocation, but thicker above, where the acromion and coracoid processes, and triangular ligament, form an almost insurmountable obstruction to such an accident. With regard to the muscles and motions of this joint, strong and numerous fasciculi surround the articular surfaces, make them easily move in all directions, and, pushing the head of the bone against the different points of the capsule, distend it, and when their power exceeds the resistance, lacerate it. As for external bodies, what bone is more exposed than this to the effect of their force?

The patient was placed under the influence of chloroform, more for the purpose of overcoming the resistance of the muscles than as a preventive of the pain consequent upon the reduction. He being completely chloroformized, the limb was grasped at the lower part of the forearm and rotated from within outward, and then sudden and forcible extension made on a line with the trunk, when the head of the bone readily slipped into its natural position. The arm was placed in the rectangular position, and kept in a sling. Inflammatory accession was met by the usual antiphlogistic remedies, by antimonials and salines, and solutions of acetate of lead in combination with laudanum applied to the shoulder. Pain was subdued by full doses of morphia. The patient was dismissed February 5th, with instructions to apply a stimulating embrocation.

—— Copper in Animals.—Herr Ulex, a chemist of Hamburg, has lately discovered traces of copper, and in some cases of lead, in the remains of animals. He has found copper and lead in human flesh, and copper in the intestines of beasts of prey, in beef, in poultry, in hen's eggs, in fish, crustacea, insects, spiders, and snails.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

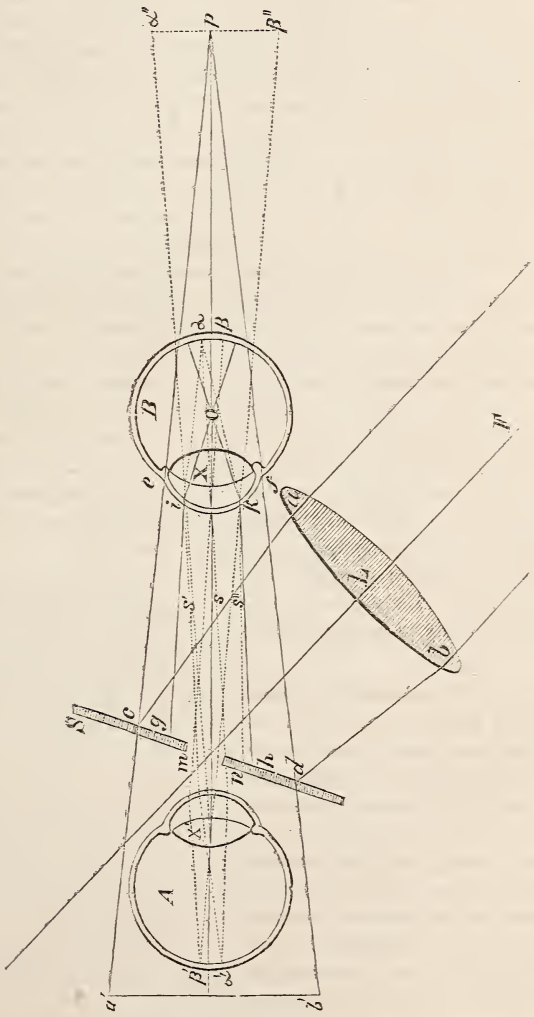
By Laurence Turnbull, M. D.,

Of Philadelphia.

(Continued from page 85.)

We have now come to the third class of "Zander," namely, "Hetrocentric Ophthalmoscopes," which are again divided into three varieties. First, perforated plane mirror, in combination with convex lens. Second, convex mirror, in combination with a convex lens. Third, silvered glass lenses, as ophthalmoscopes. Two forms we already described in our first series of papers, (1864). But to explain completely the action of this and other plane mirrors, the following diagram will be useful. In Fig. 3, let *A* represent the eye of the observer, and *B* the eye observed; *F* the flame, *L* the lens, and *S* the mirror. From *F*, a cone *a b*, of divergent rays, falls upon *L*, and is rendered convergent by its influence. The convergent rays then strike the mirror *S*, and by

Fig. 3.



its influence, although unchanged in their relative positions to each other, are reflected from its surface in a new direction, and proceed towards *P*, as if they came from a flame situated behind the mirror at *a′ b′*. But, as the eye of the patient, *B*, meets the rays before their union, they fall upon *B*, without regard to accidental loss, in the line of section *e f*. It will appear from the drawing that this combination of plane mirror with a convex lens, acts like a concave mirror in the position *a′ b′*, but with the advantage, that by ussing a lens of different focus, *e*, *g*, of 4″, the

opening and focus of the apparatus can be varied at pleasure. The rays of the cone of light falling upon *B*, or at least the rays included between *g i* and *h k*, penetrate it, and by its dioptric media are united in front of the retina, say at *O*, and proceed, overcrossed, to form a dispersion circle. Let *a β* represent any two points in this circle—the rays proceeding from them, after leaving the eye, will follow the course of the lines *a x*, *β x;* and, if the eye *B* be accommodated for infinite distance, the whole of the emerging rays from each point will continue parallel to the axial rays *s′ s s″*. The rays proceeding from *a*, and passing through *m n*, the opening in the mirror, will be received by *A*, the eye of the observer, and united at the point *a′* of its retina; and those proceeding from *β* will be united at *β′*, so as to form together, upon *A's* retina, an erect and magnified image *a′ β′* of *a β*. Indeed the action upon *A's* retina will be as if the light came through the crossing-point of the lines of direction *x*, and therefore from a surface *a″ β″*, behind the eye *B*. * "The simplicity of these principles, and the great range and variety of their application, entitle the instrument of 'Coccius' to the first place among ophthalmoscopes." There has been various modifications of the instrument of "Coccius;" first by "Anagnostakis," also by "Liebreich," "Graefe;" abandoned by the latter, and adopted by "Sichel."† Coccius has also contrived an ophthalmomicroscope. It consists of a small microscope, and of a plane mirror and lens, suspended from the arms by a screw, and sliding on to the body of the microscope by a ring. The mirror is made to turn on the screws to any necessary inclination.

The Ophthalmoscope of Epkens and Donders.

It consists of a plane mirror perforated in the centre, which is placed in a cubical chamber, and turns by means of a milled head. The opening in the side of the chamber is turned towards the eye of the patient, and the observer looks through the opposite opening, which is furnished with revolving disk of lenses contrived by Rekoss for the instrument of Helmholtz. Donders places in this disk three positive lenses of the respective focal lengths of 20.3, and 4 centimetres, (about 8″, 1 1-5 and 1 3-5″), and three negative, of 16.10, and 6 centimetres, (about 6 2-5″, 4″, and 2 2-5″.) Epkens has united to the cubical chamber the cylindrical tube *B*, at the further end of which there is also a micrometer attached, and where the lamp is also placed. At this end of the tube, when necessary, a positive lens can be inserted, the focus of which should be a short distance from the flame; so that a person looking into the mirror sees the whole lens illuminated, by which means a larger surface of the retina is lighted up. The whole apparatus is placed upon a stand, which is secured by a screw to a table, and on which the tube can be raised and lowered at will. At *K* is a circular screen, covered with black stuff, and serving to exclude direct or superfluous light; and on the under part of the tube, from a bar there is suspended a curtain of oiled silk, that separates the faces of the patient and the observer. For the examination of eyes with widely dilated pupils, Donders has lately added to the tube a cup-shaped dilatation, with a collecting lens of larger aperture, in order to illuminate a larger portion of the fundus oculi. For the purpose of taking measurements, the instrument is furnished with a micrometer attached to the outer end of the cylinder, and scarcely requiring explanation.

According to Dr. Zander, the disadvantages of this instrument are, that from the number and complexity of its parts, its consequent costliness, its somewhat alarming size and appearance, and its want of portability, it is little suited to the wants of the practical surgeon.

It is eminently fit for physiological research, and, for this purpose, especially as it admits of measuring the parts it exhibits, it cannot be too highly extolled.

The Ophthalmoscope of Sämann.

A little cylinder, as in Helmholtz's instrument, carries a convex (collecting) lens, is joined to a hollow cube, that turns on its horizontal axis, and has round openings in two of its opposite sides. Within, this cube contains a mirror, placed on a vertical axis. This mirror consists of a plate of silvered glass, the foil being removed from a small elliptical portion in the centre. In front of one of the openings of the cube is a little frame open above, in which necessary lenses can be placed, and from which they may be readily removed.

Like Burow, Sämann has found the revolving Rekoss' disks, to carry lenses, very convenient to handle.

The Ophthalmoscope of Meyerstein.

It consists of a cup, which serves to screen the patient's eye from light, so that this ophthalmoscope can be used in a room in the day time. Immediately in front of the cup is a perforated plane mirror, inclosed in a rectangular box, and

* Zander.

† See Turnbull on Ophthalmoscope, pages 8–9.

fixed at an angle of 45° with the axis of the instrument. The side of the box opposite to the reflecting surface of the mirror contains a collecting lens. On the opposite side of the box to the cup is a second cup, which receives the eye of the observer, and cuts off "false light," or the light of the lamp.

"For more exact examination of the retina, the cup which receives the eye of the observer may be unscrewed, and its place supplied by a small telescope. In a normal or emmetropic eye, parallel incident rays are brought to a focus upon the retina. If light be thrown into such an eye, the rays become parallel upon their exit from it, and the telescope must be adjusted as if for the inspection of an object in infinite distance, while for far or near sight, the ocular must be more or less pushed in or withdrawn. For examination of the cornea, iris, or lens, the ocular tube must be drawn further out, and the telescope used only as a magnifier.

"In comparing the merits and disadvantages of this instrument, the same may be said as in the case of Ulrich's, only that Meyerstein's is more difficult to handle; that the great distance of the observer's eye from the mirror considerably diminishes the field of vision; and that its power of illumination is altogether insufficient." —*Zander.*

The instrument of "Zehender" would follow that of Meyerstein, but as I have already described it even in a more convenient form than that by Dr. Zander, I will pass to the consideration of

Silvered Glass Lenses as Ophthalmoscopes.

The chief purpose of silvered lenses is to unite together the reflector and the correcting lens. In describing the conditions under which this modification of the ophthalmoscope is available, I follow chiefly the statements of Hasner.

Every ordinary lens transmits only a portion of the light that it receives. A second portion is absorbed, a third is reflected, partly from the anterior, and partly from the posterior surface. The reflection, however, under ordinary circumstances, is so small, that it is insufficient for the illumination of an eye. But if one surface of the lens be covered with silver, or with quicksilver amalgam, the reflection becomes, under certain conditions, so considerable, as to afford as much illumination as the ordinary plain, or even the concave mirror. "Jager," "Kannig," "Burow," and "Hasner," has designed ophthalmoscopes with silvered glass lenses, but we shall only describe the instrument of the latter.

The Ophthalmoscope of Hasner.

This form of instrument is extremely simple. It consists of a circular periscopic dispersing lens, an inch in diameter, the convex side of which is silvered. In the centre, a small portion of the silvering is removed, for a sight-hole, and the whole is put into a simple metal casing. For ordinary examination of the erect image, the surgeon should have four such glasses—Nos. 4, 6, 8, and 12; but, for more exact examination, it is wise to have in reserve the almost superfluous and seldom-needed silvered concave glasses. Six or eight such glasses, fitted into a case, form the most complete and the most compendious apparatus for the examination of the direct image.

In use, these glasses are held by the margin, between the thumb and index finger, and so turned obliquely towards the light, that a luminous disk is thrown upon the patient's eye. The eye of the observer is placed close behind the glass.

The simple application and easy exchange of the glasses, the compact form of the whole, the correction of reflections, the approximation of the observer's eye to the mirror, and of the mirror to the eye of the patient, are all reasons why this form of ophthalmoscope merits high commendation.

Furthermore, it is to be commended on the score of cheapness, as the operator may himself silver his lenses. For this, Hasner gives the following directions: A paste is to be made of fine plaster of Paris, and laid, 3‴ in thickness, 2″ in diameter, upon a piece of board. The side of the lens that is to be covered is pressed into this plaster, but not to such a depth as to reach the board. It remains until the mould is thoroughly hard and dry; it is then taken out, and the mould lined with a double layer of tin foil, spread as smoothly as possible. Upon the foil are suffered to fall a few drops of quicksilver, which are then allowed to come in contact, and to amalgamate with the whole surface, upon which will form in patches a thin pellicle. This pellicle is to be removed by carefully rubbing the cleaned glass, that is to be silvered, over the surface, until it reflects perfectly. The lens is then placed in the mould, pressed down firmly, and the pressure maintained by a weight. In two days the lenses may be removed for use.

—— The aggregate cost of the State charitable and reformatory institutions of Massachusetts for 1865, was about $500,000.

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Fracture of Both Bones of the Leg.

William H—, æt. 46. The injury was received thirty-six hours ago. The limb is now very much swollen. Sugillation is very marked. Is much pain on handling. Some shortening, and crepitus can with difficulty be elicited.

Treatment. The swelling must be reduced before we can put on the proper dressings. For this purpose I will have the limb covered with cloths wet with lead water and laudanum. Internally will give minute doses of tartar emetic and acetate of morphia in lemonade as a diaphoretic and sedative. To keep the bones in position I prefer light dressings. In this case I will place the limb in a pillow, and outside of this two light lateral splints extending from a little below the knee and slightly beyond the foot. To make extension we will put on adhesive plaster, the strips reaching up to the knee and an inch and a half below the foot. To this we will tie a a weight—the rope running over a pulley in the foot of the bed. To make the extension we use a jug of water, which I prefer, because it can be accurately adjusted. This apparatus was kept on four weeks, and then a starch bandage completed the cure. There was no shortening whatever. In cases of this kind I would never use the fracture-box. This being so heavy it is almost immovable, and when the patient slips down in bed the ends of the bones are approximated. In this way shortening is often caused.

Ununited Fracture of the Tibia.

Catharine S—, æt. 30. She came into the house May 18th, 1864, suffering from gonorrhœa. She has led a very irregular life. On the 24th June, 1864, she broke both bones of the right leg in jumping from a wall, in an attempt to elope. At the time of the accident she weighed 160 pounds, and her general health was very good. The leg was immediately put in a fracture-box, and proper dressings applied. It was kept in it eight weeks, and the tibia failed to unite.

Oct. 24th, 1864. The ends of the bone were drilled, and two ivory pegs introduced. The part was covered with adhesive strips to exclude the air, and a bandage applied. The leg was put in a fracture-box. The inflammatory action was very slight indeed, and there was no constitutional disturbance whatever. On the 2d of November following, the pegs were removed. The one in the upper fragment came away quite easily and was considerably corroded. That in the lower fragment was entirely motionless, even after strong traction with a pair of tooth forceps. Finally it broke, and an inch and a half was left in the bone, apparently closed around by callus. A starch bandage was applied, and in ten days the opening of the pegs was entirely healed.

On the 17th December, 1864, there was some callus thrown out, but the union was not sufficiently firm. She was again operated on, the surgeon, using a drill five inches long, bored through the ends of the fragments to set up inflammation and at the same time keep them in apposition. On the 25th of the same month the instrument was removed. There was much inflammation, and a small abscess was evacuated at this time. There was some constitutional disturbance. The limb was now put in a fracture-box containing bran. There was no callus thrown out.

April 5th, 1865. The same operation was again performed, and the leg again put in a fracture-box containing bran. There was a good deal of local inflammation and irritative fever, but the patient was not benefitted.

May 20th, 1865. There was evident disease of the bone. An incision two and a half or three inches long was now made over the spine of the tibia and the ends of the bone exposed. It was found to be much softened and quite friable on the inner and outer sides. The posterior face was apparently healthy. All the diseased portion was removed, and the wound treated as usual after operations for necrosis. Much callus was thrown out but it was soon absorbed and the woman was not benefitted.

This is the history of the case, which is very interesting, and gives you a just idea of the difficulties we must encounter in attempting to relieve the condition of our patient. We now find a good deal of mobility at the seat of the injury, the ends of the broken bone are almost an inch apart and cannot be brought in contact. They are held in this position by the fibula, which acts as a splint keeping them apart, and thus preventing the union. I have told her that if she would fall down and break this bone she would most likely be cured. But as she has not done this, I now propose to do it for her; and to insure the seat of fracture in the fibula I drill three holes in the bone with an ordinary gimlet; after which the application of a slight force answered the purpose.

Nov. 18th. Thirty-seven days after the last operation there has been little inflammatory action. The fibula overlaps a good deal, and the space between the fragments of the tibia is less than before the injury. A little less than two weeks ago, (union in the fibula having commenced) there was still too much mobility, so I forced the foot up as far as possible with my hands, rubbed the end of the tibia violently together, and put the limb in a fracture-box. Thus the fragments of the tibia were in contact, those of the fibula overlapping considerably. This seems to have been of much benefit, as the part is now quite solid. There is a good deal of callus thrown out. We will now put on a starch bandage and direct the patient to walk about as much as possible, in hopes that the friction thus caused may assist in the cure.

Dec. 31st. The patient is walking about and

is much improved. The limb is much firmer and seems to have been benefitted by the operation.

Operation for Varicose Veins of the Leg.

Henry R—, æt. 45. The veins on both legs are varicose. This condition is nearly always attended with tingling, and with the sensation of weight and fulness in the part. This change in the vessels is very often associated with chronic eczema rubrum. When long continued it may give rise to an ulcer. The veins are elongated, tortuous, and much dilated.

Treatment. The long saphenous of the left leg was tied some time ago by Dr. McClure with much benefit, but there are other vessels enlarged. When you can lift the veins up with the fingers the best method of operating is to insert an ordinary hair-lip pin beneath them, and compress the vessels upon it by oval turns of a large well-waxed silk ligature. But where there is a plexus of veins, and you cannot lift them up, you had bettes resort to the use of caustic, and the best is caustic potassa. This case belongs to the first class, and I shall use three pins, inserting them about three inches apart, one above and two below the knee. In this way we hope to completely occlude the vein. Be careful in the operation to get below the vessel, and never allow the pin to transfix it. As an important auxiliary measure, always bandage the limb firmly from above downwards, after putting a compress over the saphenous opening. Keep the patient in bed till well.

Nov. 18th. Twenty-seven days after the operation the patient is perfectly well.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Discussion on Cholera.

A discussion on cholera was opened at the last meeting of the Academy of Medicine by the reading of a paper by Prof. Metcalfe. That gentleman gave a succinct sketch of the main features of the disease, subsequently dwelling upon the hygienic questions connected with it, and fully expressing his opinion that, if not in our power to prevent the occurrence of an epidemic, we can by proper prophylaxis take away its character as a pestilence. Thorough cleaning of our cities, house to house inspections, etc., must be insisted upon.

Dr. Griscom followed with another paper, discussing chiefly the sanitary points of the disease. The two main features in the production of the epidemic, in his opinion, were certain atmospheric epidemic influences, not yet fully understood, and the filthy, overcrowded condition of cities. When these conditions meet, like the two blades of the shears of fate, the disease arises. In his remarks Dr. Griscom freely and approvingly quoted from Dr. Snow's published papers advocating non-contagion and opposing quarantine.

Further discussion was postponed till the next meeting, when it is probable that the various questions of controversy on cholera, including quarantine, will be fully ventilated, and if anything important is brought to light, our readers will be informed.

Editorial Department.

Periscope.

The Mutually Antidotal Properties of Opium and Belladonna

are made the subject of a paper by Dr. Henry S. Downs, of New York, published in the Transactions of the State Society of last year. *Eleven* cases are detailed, of which we give a synopsis.

Case 1. Infant, 3½ months old, had been given about one teaspoonful and a half of a preparation of paregoric nearly one-half stronger than the tinct. opii camph., U. S. P. Narcotism, deglutition difficult, pupils contracted to the size of a small pin's head. Child was only kept aroused from stupor by severe and continued agitation. About six hours after the administration of the dose, 10 drops of tinct. belladonna were given, and repeated at intervals of fifteen minutes until 40 drops were given, when the pupils were dilated to double, and in one hour to treble the former size. Improvement rapidly followed. (Dr. Downs.)

Case 2. Woman, æt. 35, had taken one-half ounce of laudanum suicidally. Seen an hour later, partially sensible. *No* emesis could be induced by ipecacuanha, sulphate of zinc, tartar emetic, or mustard. She became insensible, pupils contracted to the size of a pin's point; profound stupor, from which she could not be roused. One drachm of tinct. of belladonna was then given, followed by two grains of the best English extract of belladonna every 20 minutes, until six grains were taken. Soon after the third dose the patient vomited, the ejecta smelling strongly of opium. Sensibility gradually returned, and at the end of eight hours pupils were natural, sight restored, and consciousness complete. (Mr. Loines and Dr. Jones.)

Case 3. Woman, had taken 1½ ounces of laudanum. All the symptoms of opium poisoning present. Emetic first, then a reliable tincture of belladonna, 30 drops every half-hour, until 90 drops were taken. Rapid recovery and no indications of her having taken belladonna. (Dr. Wm. H. Thompson.)

Case 4. Soldier, took two ounces of laudanum and smoked one grain of opium. Three hours afterward was found comatose, pupils contracted, and slightly spasmodic. Forty drops of tinct. belladonna were given at half-hour intervals, until he had taken 120 drops, and then in half

an hour 20 drops more, when he began to improve, and entirely recovered in a few hours, with no signs of having taken belladonna remaining. (Same authority.)

Case 5. Soldier, took over an ounce of laudanum. About an hour afterward drowsy, face flushed, pulse low, pupils much contracted, hands twitching, tendency to convulsions. One grain of extract of belladonna every half-hour until three grains had been given. Two hours after first dose of belladonna, the pupils had dilated, pulse and skin natural, and able shortly after to go on duty. (Dr. Charles D. Hackley.)

Case 6. Infant, 8 weeks old, had been fed on Mrs. Winslow's soothing syrup until complete recovery was impossible, even by the aid of belladonna. (Dr. C. C. Terry.)

Case 7. Belladonna poisoning occurred in a young woman who used belladonna pessaries for the purpose of allaying the excruciating pains of ovarian dysmenorrhœa. The toxical effects were suddenly developed to delirium. One and a half grains of Magendie's sol. sulph. morphia entirely removed the symptoms of poisoning an hour after delirium appeared. (Same authority.)

Case 8. Belladonna poisoning from use of belladonna pessaries. Opium used with same good result. (Same authority.)

Case 9. Child, through mistake, took one teaspoonful of laudanum. An hour later comatose and incapable of being roused. Ten drops of tinct. belladonna every hour until 60 drops were taken, when narcotism subsided and the patient slowly but gradually recovered. (Dr. J. P. Garrish.)

Case 10. Man, took one ounce of laudanum. When seen, two hours later, feeble pulse, contracted pupils, stertorous breathing, and could not be aroused. Emetic first, and 20 drops tinct. belladonna every hour until about 90 drops were taken, when he began to show signs of consciousness, and by the aid of coffee, stimulants, and the cold douche, was gradually restored. (Dr. Garrish.)

Case 11. Woman, took ten grains of opium. In one hour was found in semi-comatose state, pupils contracted. Emetic, then 20 drops of tinct. belladonna every hour until 60 drops were taken, when consciousness began to return, and she recovered.

Puerperal Peritonitis.

A case of puerperal peritonitis successfully treated by opium is given by Dr. A. Niles, of Quincy, Ill., in the Transactions for 1865, of the Med. Society of that State. In his remarks, Dr. Niles oberves, that experience has taught him to regard opium as the great remedy, commencing with a moderate dose frequently repeated, carefully watching its effects upon the respiration, and increasing the dose until the pain and tenderness are removed. He believes large doses are safe, provided respiration is not reduced too low. During a practice of thirty years, Dr. Niles has not seen a well marked case of puerperal peritonitis recover under the antiphlogistic treatment. Large doses of opium, he concludes, appear to be better borne when combined with quinia, which probably obviates the congestive effects of the opium, besides being useful by its sustaining power. Veratrum viride, when it does not nauseate, has a beneficial effect in moderating the circulation, but ordinarily digitalis is preferred, as being less liable to nauseate, and probably acting as a tonic upon the heart.

Diphtheria.

Dr. R. W. Mathewson, of Durham, Conn., gives, in the Transactions of the Medical Society of that State for 1865, an interesting account of an epidemic of diphtheria, which prevailed at Madison, in the fall of 1864.

In the first family attacked—the Dudley's—four died, including the husband, leaving only the widowed mother. From this focus the disease was conveyed to different localities, by watchers and others who visited the infected house; these had the disease at their own homes, giving it to their families, while many living near, who were not exposed, escaped the disease.

A boy, eight years of age, was at the house of the first family, while a child was vomiting with the disease. He had the diphtheria at his father's house, several miles distant, when six others took it, two of whom died.

A lady watched at Dudley's, had the disease at her own house, several miles distant, and her daughter took the disease and died.

A lady who assisted in laying out one of the Dudley children had the disease at her own house, on Town Hill.

Mr. Wm. Stevens and wife were at Mr. Dudley's—both had the disease, also one of their children. The father and child died, making in all, 25 well marked cases, which could be traced to one source. The remaining 5 of the 30 severer cases could not be so distinctly traced.

In cases where there was a single exposure to the contagion, the period of incubation was about five days.

The *access* in most cases was sudden; the sufferings in many cases were as severe within an hour as at any period of the disease; yet the violence of the attack was no indication of the severity of the disease; the worst cases were the most insidious in their approach.

Prognosis. Violent coryza, with profuse discharge, soon becoming sanious and offensive, laryngitis and pneumonia in the early stages, and in the sequelæ vomiting and suppression of urine, were very unfavorable symptoms. Albuminuria was present in the worst cases.

Paralysis of the nerves of the palate, special sense, and voluntary motion, all disappeared with the returning strength.

Suppuration of the glands about the neck was followed by recovery in every case.

Dysentery of a peculiar form occurred as a sequel in five cases; in this dysentery there was no mucus in the discharges, but the beef-brine appearance from the first. There was no tenesmus or pain during the discharges, but excruciating pains coming on in paroxysms, lasting a minute or two, during which the child would shriek with agony, and the next minute might be laughing.

Treatment. In some of the fatal cases, not treated by Dr. M. himself, it was strongly cathartic. In his own cases (20 cases, with a loss of one in five,) the treatment was tonic and supporting. Quinine, whiskey, wine, muriate of iron, with chlorate of potash.

Permanganate of potash, Dr. M. considers a valuable remedy, both topically and internally. Bromide of potassium is particularly adapted to croupy varieties, and when there is much nervous irritation. As a local application, ice is one of the best in the early stages.

Of the 30 cases given there were from 1—5 years, 3; 5—10 years, 7; 10—20 years, 8; above 20 years, 12.

Reviews and Book Notices.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M. D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children. Fourth American, from the Fifth Revised and Enlarged English Edition. Henry C. Lea. 1866. 8vo., pp. 655. *Price*, $4.50.

Excellent as are the treatises of Drs. Condie and J. F. Meigs, we regard this of Dr. West as the best upon its subject in the English language; as that of Rilliet and Barthez is in the French. Twenty-six years of careful observation, the delivery of the matter of the work in the form of lectures, and its revision for five editions, have brought it into its present state. At the risk of repeating some things said in previous notices of it, it is worth while for us to remark upon its statements of some of the latest opinions of its author on practical points. This is the more *à propos*, because the general state of medical opinion is now that of fluctuation; and it is desirable to find what, in the midst of doubt and change, a man of sound judgment and large experience, acquainted with the professional literature and science of the day, regards as fixed.

At once, then, let us quote his present views (Dr. West's preface dates in 1865) upon the *questio vexata* of "antiphlogistic treatment." In active congestion of the brain, he says (p. 50), "if the symptoms set in violently, you must deplete freely." He prefers opening the jugular vein in threatening cases; in others, leeches, eight for a child one year old, will do. For acute inflammation of the brain he asserts that "bleeding, purgatives, mercurials, and the application of cold, are the grand means on which we must rely." (P. 103).

As to bronchitis, he remarks (p. 269) that "it is but rarely, at the present day, that depletion is indicated in bronchitis or pneumonia; and tartar emetic needs to be given more sparingly than in former years, and acts with less certainty in cutting short, at its very outset, the inflammation. And yet, when looking back on the records of cases where I abstracted blood freely, and gave antimony in large doses, I cannot admit that my practice then was a mistaken one." He accounts for the difference by the existence, now, of a generally less sthenic type of disease; adopting thus, with Trousseau, and others, the views of Sydenham and Stoll, in part at least. He adds (p. 285), "I cannot admit that the abstraction of blood in the early stage of pneumonia is never indicated; still less can I allow that antimony is in no case to be employed."

In the treatment of pleurisy (p. 303), "I am convinced that considerable activity in the early stage best averts the danger, and most economises the patient's strength." In croup (p. 320), "I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup, when seen at an early period. Even in very young children local depletion forms in these cases but a poor substitute for local bleeding." Mark this, also, "It is not unintentionally, nor from any oversight, that I have allowed my observations on the treatment of true croup to remain unaltered; expressing the opinions which I formed, and the practice which I adopted five and twenty years ago. With every allowance for changes in the epidemic constitution of disease, most marked since the cholera of 1848 and 1849, I still believe that a decided antiphlogistic treatment (by which I mean the employment of antimony in emetic doses, the subsequent administration of calomel, and if the case be seen at the very outset, recourse to actual depletion,) is indicated in almost all cases of acute idiopathic croup." (P. 322).

Leaving this subject, and observing only that mercury is still called by Dr. West, "our great stay in all cases of acute inflammation of the serous membranes," as well as in dysentery,—we proceed to note some other points.

One of the subjects most fully treated of is *Acute Hydrocephalus;* describing under that name, tubercular meningitis, as well as the simpler disease. We are surprised to find, however, no mention of the observations of Dr. Gerhard, of this city; who, with M. Rufz, in 1832 and 1833, first distinctly proved the connection of tubercle with the most nearly incurable form of encephalic inflammation.

Approving of *local* depletion, only, in acute hydrocephalus, Dr. West puts no faith in calomel, and very little in iodide of potassium, as means of cure for it. The local use of cold, though valuable, requires care. One important remark

made is, that inflammation of the brain not unfrequently *begins outside of the skull*, as with otitis.

In *convulsions* of children, following the suggestion of the success of Braun and Chiari in puerperal convulsions, Dr. West has used *chloroform* extensively, and in many instances with advantage; especially where depletion was inadmissible.

For *epilepsy*, our author has no special remedy. He finds the oxide of zinc powerless; but is more hopeful of belladonna, continued, as Trousseau advises, for a long time. No allusion is made to the *bromide of potassium*, now so much in vogue, and so promising; nor to *valerianate of zinc*. In one case we have known *digitalis*, in considerable doses, to postpone the attacks remarkably.

Dr. West assents to the view that the rheumatic diathesis predisposes especially to chorea; and that the latter affection is frequently attended by disorder of the heart; and, also, by disturbance of the intellect. In the treatment of chorea, he has great confidence in *strychnia*, or nux vomica, and in *gymnastics*.

Insanity in childhood has some interesting pages. However this begins, it almost invariably assumes the form of *moral* insanity.

Atelektasis, or collapse of lung, is very well discussed; but in its treatment nothing better than the hot bath, and stimulants, is advised. The mistaking of this affection for *lobular pneumonia*, before the discovery of it by Jörg, must have had unfortunate effects. *Lobar* pneumonia is, however, often recognized in children.

On the question of *paracentesis* for pleuritic effusion, Dr. West favors, for good reasons mentioned, the comparatively early resort to the operation. He has tapped the chest, himself, in thirteen cases, with only four deaths.

Diphtheria is spoken of by our author as a modification or variety of croup, affecting feeble constitutions, often after other acute diseases, and both contagious and epidemic. This association does not please us. Nor are we well satisfied to find no allusion made to the common form of *spasmodic* or *sudden night-croup*, so alarming, although so little dangerous under prompt treatment.

Tracheotomy in croup has been very unsuccessful in the experience of Dr. West. He is, nevertheless, not at all opposed to the operation, thinking its *euthanasia* among the arguments in its favor. The tracheotomy tube should be of good size; and a warm, moist atmosphere should be maintained around the child after the operation.

Diphtheria is fully *described*, and a good account is given of its sequelæ, of which paralysis is the most prominent. In its treatment, it is stated that "all antiphlogistic measures are, by common consent," avoided. He has no confidence in the special value of chlorate of potassa in this disease; while in *stomatitis*, especially ulcerative, he believes it to deserve the name of a specific. Strong caustics, locally used, are not approved by Dr. West. He likes mild gargles, used often: *e. g.*, half an ounce of solution of chloride of soda to six ounces of water. Swallowing ice frequently is also useful.

Tincture of chloride of iron, and quinia, our author gives in diphtheria; without, however, a great deal of confidence. Food and stimulants are often the great necessity.

Of hooping-cough, Dr. West states the average duration to be ten weeks. In its treatment, a favorite medicine with him is *hydrocyanic acid;* half a minim of the dilute acid of the London Pharmacopœia every four hours, for a child of nine months. Belladonna, he also sometimes gives. Hyoscyamus and musk, and even assafœtida are not named. Of the inhalation of chloroform in this disease, he says that "its trial is free from objection." Of Dr. Horace Green's probang medication of the larynx with nitrate of silver solution, he observes that, having tried it pretty fully, on the suggestion first of Dr. E. Watson, who wrote of it in 1847, he finds its benefits inconstant, and the resistance of the child often sufficient to defeat its use. Bromide of potassium and bromide of ammonium our author overlooks.

Phthisis in the child, most generally acute, is well described. It is often the sequel of some other acute disorder. Its average duration is, according to Rilliet and Barthez, from three to seven months. Dr. West thinks their estimate too short. He has seen the disease last two or three years; chronic and almost latent phthisis in a child, even five years or more. Cod-liver oil, although useful, does not earn, in Dr. West's practice, quite all the encomiums bestowed upon it by others.

Tuberculosis and *scrofula* our author believes to be *not* identical, although favored by similar non-hygienic conditions.

Diseases of the heart, and of the digestive organs, the exanthemata, and the cachexia, are all equally well considered in this volume. But we cannot occupy room with more citations. Having a most agreeable style, clear, and never wearisome, Dr. West must always be a favorite author with those who make the acquaintance of his book.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 3, 1866.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

II.

Gun-shot Wounds of the Abdomen.

Of 2707 gun-shot wounds of the abdomen, so far recorded, 2164 were flesh wounds, and in 543 the peritoneal cavity was penetrated, or the abdominal viscera injured. Among the flesh wounds 114 fatal cases are recorded, which were mostly cases of sloughing from injuries of the abdominal parietes by shells. Of the penetrating wounds, the results have been ascertained in 414 cases, and were fatal in 308, or 74 per cent. The number of recoveries is unexpectedly large, but includes only cases in which the reports showed, beyond question, that the abdominal cavity had been involved. In many cases fæcal fistulæ were produced. They commonly closed after a time, without operative interference, reopening at intervals, and then healing permanently.

Recoveries after wounds of the large intestines have been much more numerous than after wounds of the ileum or jejunum. No case has been reported in which it was thought expedient to apply a suture to the intestines after gunshot wounds. Gun-shot wounds of the *liver* were usually followed by extravasation into the abdominal cavity and rapidly fatal peritonitis. Of 32 cases in which the diagnosis was unquestionable, all but four terminated fatally. All the cases of gun-shot wounds of the spleen reported, were fatal.

Gun-shot wounds of the bladder, when the projectile entered above the pubes or through the pelvic bones, have proved fatal, as far as the records have been examined. But there are many examples of recovery from injuries of the parts of the bladder uncovered by the peritoneum.

Several examples of recovery after protrusions of the abdominal viscera through gunshot wounds have been reported. In two cases, in which loops of small intestine issued, they were immediately returned and retained by means of adhesive strips and bandages, and the patients recovered with ventral hernia. The escape of omentum through wounds would not appear to be a very serious complication, for in many cases, portions of protruding omentum have been excised, and the patients have, nevertheless, recovered promptly.

Gun-shot Fractures of the Pelvis.

The records under this head include only the cases in which the abdominal cavity was not penetrated. So far, 359 cases are embraced in the report of Surgeon Otis. Recovery took place in 97, death in 77, and the result is still to be ascertained in 185. In 256 cases, the ilium alone was injured, the ischium alone in 19, the pubes in 12, the sacrum in 32, and in 40 cases the lesions extended to two or more portions of the innominata. Very tedious suppuration in cases of injury of the pelvic bones commonly took place, and surgery could do but little except to facilitate the escape of pus and remove dead bone. The returns corroborate the observation of Strohmeyer, that there is a great liability to pyæmia in these cases.

Genito-Urinary Organs.

Of 457 cases of gun-shot wounds of the genitals or urinary organs, so far recorded, and uncomplicated with fractures of the pelvis or penetration of the abdominal cavity, 37 had a fatal result. Surgeon S. W. Gross, U. S. V., reports a case where a conoidal musket-ball buried itself in the corpus cavernosum and became encysted. It gave no pain, and the patient refused to have it extracted.

Upper Extremities.

Of the 21,248 cases of gun-shot wounds of the upper extremities, the records so far are not sufficiently advanced to make accurate deductions.

Lower Extremities.

Of these 30,014 cases have been recorded, of which 4862 were fractures, and 25,152 flesh wounds.

For gunshot fractures of the femur two registers have been kept. On one, all cases were entered. On the other, only those in which the histories of the cases had been carefully scrutinized, and in which the locality and extent of the injury were clearly designated in the reports. In the latter register, 1823 cases had been entered on Sept. 1st, 1865, or about one-third of the total number that have been reported. Gun-shot wounds of the knee-joint, with or without fracture of the patella, or of the epiphyses of the femur or tibia, have been recorded in like manner to the number, thus far, of 1183. Of the 1823 cases of gunshot fracture of the femur that have been entered on the permanent records, the results have been ascertained in 1233. Of the 1183 cases of gun-shot wounds of the knee-joint,

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

the results are known in 740. But as the statistics, when completed, will probably modify the deductions so far to be made, we omit them. They are referred to by Surgeon Otis, chiefly that the magnitude of the subject may be put in evidence, and that the absolute necessity for long and patient investigation may be acknowledged.

The report gives many illustrative cases, with engravings from specimens in the Army Medical Museum.

We omit gun-shot wounds of the arteries, veins, nerves, and sabre and bayonet wounds.

CHOLERA AND QUARANTINE.

The decided stand which we have taken, regarding the fallacy of basing upon the abstract question of the contagious or non-contagious nature of cholera any claims of retaining or abolishing existing quarantine regulations, has so far met only with approval from the medical journals which have discussed the question, and not a professional voice has as yet been heard to object to the sentiments to which we gave utterance, as representing the logical conclusions of the medical profession as far as science has thrown light upon the subject—namely, that the medical profession is not yet ready to assume the responsibility of abolishing quarantine.*

The second point which we have repeatedly urged in this connection—the necessity of Congressional action—is also, we might say, as a matter of course, seconded by some of the most influential of our cotemporaries. Thus, for instance, the *Boston Medical and Surgical Journal* says: "There can be no question, it seems to us, as to the necessity of some immediate and general action on the subject of quarantine by the Government at Washington, for the folly of independent State or municipal laws in such a country as ours is self-evident. Let the subject receive the consideration of one general scientific commission, which shall calmly investigate the facts observed in the present and past epidemics, and act independently of all such incompetent and meddling powers as that above referred to."

Whether the plan proposed by our Boston cotemporary is exactly the most practicable, we cannot at present say. Who shall appoint the commission? Congress? We doubt whether that body, with the heaps of other business on hand, would be able to accomplish anything sensible in the matter. What we would suggest is this: Let the Secretary of War or Congress instruct the Surgeon-General to submit at his earliest convenience a complete code of quarantine regulations, to be adopted as a law by Congress and enforced by the proper executive department. That would, it seems to us, be the shortest, quickest, and surest way of accomplishing the object.

* The communications of Dr. E. M. Snow, of Providence, R. I., now in course of publication, were received after these remarks were penned.—[Editor.

CHOLERA.

We commence in this number the publication of a full synopsis of lectures recently delivered at the College of Physicians and Surgeons, N. Y., by Professor Alonzo Clark. They will be found to contain everything of importance known in the present state of science. There is a general manifestation of a disposition among the profession to be fully prepared for the invasion of the epidemic, and we shall endeavor to perform our part by publishing everything *valuable* in connection with the subject. This is a matter of some difficulty, for, in the current literature of cholera, there is a most abundant amount of trash, which must be carefully sifted. Sound, solid *facts* are wanted at the time of an epidemic, leaving theories to take care of themselves until the disease is past.

CHANGE OF TYPE.

Dr. Balfour, of Edinburgh, in a lecture on the Science and Practice of Medicine, published in the *Lancet*, has some interesting remarks on the subject of change of type. Our readers will remember that Dr. Stokes, in his late address before the British Medical Association, discussed the question at length, strongly in favor of the theory, and based his opinions mainly, as shown in an editorial article we published some time ago, on the pathological changes in pneumonia which are alleged to have taken place. Drs. Alison, Christison, and Stokes, claim that the pneumonia of earlier days, the pneumonia of Cullen and of Gregory, were characterized by great sthenia, a "*frequent, full, hard, firm and quick* pulse," etc.

Now, Dr. Balfour conclusively disposes of this view by adducing the testimony of the facts recorded in those days, which show that the type of disease then was precisely the same as it is now. In the libraries, he says, of the London Medico-Chirurgical Society, and of the Royal College of Physicians at Edinburgh, there are several volumes of MS. notes of clinical lectures, both by Cullen and Gregory, and in these are to be found several carefully narrated cases of pneumonia, which prove, as clearly as anything can be proved, that the pneumonia of those days

was precisely similar to what we have now-a-days, and presented exactly the same type. Nay more, in a most interesting clinical lecture, Dr. Gregory distinctly lays it down as a rule, that "in pneumonia the pulse *is remarkably soft*, though the febrile symptoms run very high;" and again, "In respect to the fulness of the pulse in pneumonia, in the beginning, before the patient is blooded, it is not only *soft*, but *small;* but commonly upon the patient being blooded it becomes fuller, though it always retains its *softness.*"

How now? Will the advocates of the change-of-type-theory accuse Cullen and Gregory of having been incompetent observers?

Notes and Comments.

The Special Courses in the Jefferson Medical College.

The additions to the curriculum of the Jefferson Medical College embrace courses on various departments of medical teaching of a practical character, particularly some subjects which, from their importance and extensive development, are in the domains of specialties.

The courses will commence on the 25th of March, continue through the spring, and will be concluded, after a vacation, before the resumption of the regular winter term.

The movement is commendable evidence of the progressive tendency of medical teaching, and will certainly receive its proper appreciation among the profession throughout the country.

The following *attachés* of the Faculty are announced:

Dr. J. M. Da Costa, Phys. Penna. Hospital.
" R. J. Levis, Surg. Philada. Hosp. and Wills' Ophthal. Hosp.
" J. A. Meigs, late Prof. Penna. Med. College.
" W. H. Pancoast, Surg. Philada. Hospital.
" F. F. Maury, " " "
" S. W. Gross.

M. Diday and the Homœopaths.

"Since 1861," quotes the *British Med. Journal* from M. Diday, "I have constantly defied MM. the Homœopaths to cure a case of gonorrhœa with homœopathic remedies. I invited them to the Hôpital Antiquaille, but my invitation was refused. But I, on the other hand, was invited to come and see a case treated at the Homœopathic Dispensary of Lyons; and I accepted the invitation. But four months have passed, and I have heard no more of it. Is this civil on your part, *chèrs confrères?* And what will people think? You invite me. I accept; and have now been for four months waiting for you to fix the time and place."

Consolidation of Medical Journals.

The *Dublin Medical Press* and the *Medical Circular* have been consolidated in one journal—weekly—under the name, *Medical Press and Circular*. Both journals have sustained an enviable reputation among our foreign exchanges, and we wish them every success in their new consolidated form. The following extract from the first of January number of the new journal contains a good deal of sound sense, applicable not to Ireland alone:

"The indifferent are those of our profession whose position we regard as most hopeless of amelioration—the men who read neither book nor journal; practice the dilapidated surgery of thirty years ago; lounge through their professional life, ambitionless and lethargic, and die as little known as they are respected; or those who live a life of servility to their own personal interests, locking up within themselves every syllable which could by possibility taint their popularity.

"'Fortune's champions that dost never fight,
But when her humerous ladyship is by
To teach them safety.'

"Can we not inspire these gentlemen with a little ardor in the pursuit of their profession, a desire to be something more respected than a mere medical drudge, who dare have no opinion or action of his own. We tell these gentlemen that the public are too astute not to distinguish between the man thirty years behind the age and the man of advanced thought and information, and that the money and labor which they think they save by their literary parsimony, is ten-fold balanced by the injury which their professional inertia entails. Men may get smiles and fine words by servility to the opinions of others, but they will fall grievously short, even in the eyes of their patrons, of the respect which attaches to honest men."

Coroner's Inquests.

The intelligence of the class of persons from which coroner's juries are commonly recruited is frequently not of the highest character. A correspondent in the *Medical Press* and *Circular* gives the following incident which happened in Liverpool:

Three poor fellows lost their lives while acting as ship-keepers to a vessel lying in the river. The death of the first man was ascribed to natural causes, and the owners employed another man, who shared the fate of the first; a third was put on duty, who also died, and then the matter excited attention, and an investigation was instituted by the Medical Officer of Health, when it became but too evident that the cause of the three deaths was the production of carbonic acid

from the burning of fuel in a close apartment on the deck where the poor fellows slept at night. A post mortem examination fully verified the opinion. During the course of the inquiry, the following colloquy occurred between Dr. Trench and one of the jury:

Juryman—Do you mean fixed "hair?"

Dr. Trench—Yes.

Juryman—Is it the same as when "hoil" of vitriol is poured upon lime?

Dr. Trench—Yes.

Juryman—Then I never heard of that being poisonous.

Dr. Trench—Indeed! Then you are somewhat behind the age.

Finally, however, the jury were brought to agree with the medical witnesses, and bring in a verdict in accordance with the evidence.

Correspondence.

DOMESTIC.

Asiatic Cholera.—Contagion and Quarantine.

Editor Medical and Surgical Reporter:

In the Reporter of the 24th of February, I stated what I believed to be the true and generally received theory in relation to the question of the contagiousness of cholera:—a theory which, and which alone, will explain all the phenomena exhibited by the disease. I also promised in another paper to consider the question of the utility of quarantines for the prevention of cholera.

Before fulfilling this promise, I wish to state, briefly, a few reasons why, as physicians, we cannot believe that cholera is contagious. These reasons are drawn from the well known and acknowledged character and phenomena of the disease.

The negative proofs that cholera is not contagious are innumerable, and overwhelmingly convincing. I have already given these, partially and briefly, to the public, in a pamphlet entitled, "*A Tract for the People.*"

Looking at the acknowledged character and phenomena of cholera, we find, *first*, that after the characteristic symptoms of the disease are fully established in the system, its progress can be cut short, and the disease be perfectly arrested. In fact this is the most important feature and object in the treatment of cholera, namely, to arrest the progress of the disease; and it is universally acknowledged that in most cases, this can be easily and effectually done in its early stages. Is this true of small-pox, or of any other confessedly contagious disease? Would not the physician who should attempt to cut short the progress of small-pox in the system, after the disease is established, be considered a fool, or insane?

Second. In cholera, there is no definite period of incubation, nor any regular stages of development in its progress and decline, while in all known contagious diseases, these stages are, generally, clearly marked by well known phenomena.

Third. An attack of cholera furnishes no security against a second attack: on the contrary, it is generally supposed that one attack of cholera renders the individual more liable to a second. But in contagious diseases, with rare exceptions, one attack is complete security for life, against a second.

Fourth. Much has been said about caravans of pilgrims, and great lines of travel, and of commerce, as the means of the spread of cholera, and as proof that it is contagious. But the cholera remains quietly for long series of years, almost constantly existing, at the place of its origin in Hindostan, and does not extend beyond that region, though the caravans of pilgrims are annually crowded, and the lines of travel and of commerce are constanly open, and filled with human beings. Could this be true of any strictly contagious disease, or of any disease which did not depend upon an atmospheric cause for its propagation, independent of human beings?

Fifth. It is an established law of cholera, abundantly confirmed by our experience in this country, that the prevalence of the disease is in inverse ratio to the level of the sea, or of large rivers or bodies of water in the vicinity. It has never prevailed, *epidemically*, on land much elevated above large bodies of water, or rivers in the neighborhood. It may follow the course of rivers into mountainous districts; but will not extend far from the banks of the rivers.

There are hundreds of villages, and many large districts of territory, in this country, where a case of cholera never was known, though in constant daily communication with cities when the epidemic was raging. Was it ever known or suspected that any such law of elevation existed in relation to any strictly contagious disease?

Sixth. Cholera is uniformly checked in its progress by cold weather, and prevails most severely in hot weather. Small-pox, on the contrary, and other contagious diseases which do not depend upon actual contact, prevail most severely in cold weather, and are, *comparatively*, inactive during

the heat of summer. I can establish this beyond controversy, by statistics.

Cold preserves contagion; heat destroys it. The virus of small-pox is preserved by cold, and will retain its power to propagate the disease for weeks and months in our cold winters, while this power will be totally destroyed by a few days free exposure in summer.

I am aware that a well known physician, Dr. Sayre, of New York city, has recently stated, officially, that "the cholera is a disease uninfluenced by temperature, and can as easily be introduced into New York in mid-winter as in mid-summer, and introduced, would produce more frightful ravages at this season than in the summer."

I am also aware that, recently, a distinguished physician in Philadelphia has partially endorsed this doctrine; but notwithstanding this eminent authority, I am willing to repeat the statement that "cholera is checked in its progress by cold weather," and leave it to the knowledge of facts, and the common sense of the whole profession to say whether it is true or not.

The only reason given for this statement is the fact that cholera once prevailed severely in some portions of Russia in the winter. But this single fact, when fairly and *fully* stated, furnishes no grounds whatever for the statement that "cholera is a disease uninfluenced by temperature." The cholera never did prevail *generally*, in Russia, in the winter season; but in one instance it did prevail severely among a small portion of the population, though generally checked throughout the empire.

The population which suffered from cholera in Russia, in the winter, was living under different circumstances from those of any other population, in any civilized country on the globe. They were living in half-underground huts, in which a temperature was maintained equal to, if not greater than that of summer. In these huts, human excrements, and every variety of the most disgusting filth were constantly accumulating, and ventilation could hardly be said to exist. Of course, the impure air arising from the decomposition of filth, and from crowding, was greater than in the summer, and furnished in active exercise, all the local conditions necessary to produce cholera.

But in the greater portion of the Russian empire, as well as in all Europe, and in this country, the disease was then, always has been, and is at the present moment, checked by cold weather.

In our southern and western cities, the weather has been warm enough, in several instances, to allow the cholera to prevail severely in the winter; but in the most of those cities its worst ravages have been in the summer.

The true theory upon the subject is probably this: The primary cause of cholera, the epidemic constitution of the atmosphere, may exist and be present in a community in cold weather, and the reason that it does not produce its specific effects, generally, at that season, is because the cold usually prevents the decomposition of filth, and consequent production of impure air, necessary, in connection with the atmospheric cause, to produce the disease to any great extent.

When, however, this decomposition and impure air do exist in winter, in connection with the atmospheric cause, the cholera may prevail; and the fact that we do not hear of marked cases of Asiatic cholera, during the present winter, in any of our cities, north or south, *is proof to me that the atmospheric cause of cholera is not yet present in this country.* It is also sufficient to suggest a possible doubt whether the disease will appear here on the opening of spring. We should remember, however, that in the winter of 1831–32, we had no special indications of the presence of the atmospheric cause of cholera, and that the disease did not appear until June of the latter year.

But in closing this too lengthy communication I wish to make a single quotation upon the subject, which is full of true philosophy, and as existing events show, was a most apt and correct prophecy. It is from the pen of Dr. E. D. Fenner, of New Orleans, and was written in 1854. The italics are his.

"Since cholera has become so common a disease, nothing is said now-a-days of its *contagiousness*, or communicability from person to person. The thousands upon thousands of cases which have been observed *to display no such power*, seem to have settled the vexed question *for the present;* yet, if the disease should disappear, and return again after a lapse of ten or fifteen years, all this will be forgotten, and memory will cling alone to those traditions and opinions which, though founded in error, coincide more fully with popular apprehensions."

This prophecy is being fulfilled literally at the present time; but if the cholera shall again visit us epidemically, during the present year, the existing clamor of a few in favor of contagion and quarantine, will be silenced before the end of the year, and the voice of the profession will be, as it has been, nearly unanimous that Asiatic cholera is not contagious, and that quarantines are utterly useless to prevent its *epidemic* prevalence.

The subject of quarantine must be again deferred.

Edwin M. Snow, M. D.

Providence, R. I., Feb. 26, 1866.

NEW YORK CORRESPONDENCE.

The best apparatus for inhaling laughing gas—Dr. Clark on cholera—A good sanitary measure.

In reading the many regrets expressed in your journal with reference to the want of a proper apparatus for administering laughing gas, I have been at a loss to know why that most admirable and ingenious contrivance of Prof. Vanderweid, of Girard College, one of your own institutions of wide renown, has not been alluded to. This useful invention has for its object the generation, of nitrous-oxide, its purification, and above all, an arrangement by means of which the gas may be inhaled; but, when the old air within the lungs is expired, by an excellent method, it goes through another tube and is absorbed as to its impurites in a prepared jar. This is a feasible, durable, and beautiful machine, worthy of popularity and eminently fitted for the designed purpose. Dr. Vanderweid showed the whole process to me some three years ago, when he was Professor at the Cooper Institute, and from its easy workings, I anticipated a speedy success and universal endorsement.

Dr. Alonzo Clark, of this city, is delivering a course of most instructive lectures on "cholera," before the medical college of which he is Professor. It is to be hoped that, when completed, they will be collected in some pleasing shape, the better to preserve the emanations of so wise a man, and render it practicable for the young in medicine to avail themselves of the aphorisms of experience. The New York Academy of Medicine will discuss the subject at its next meeting.*

One feature in the new "Health Regulations" is worthy of mention, for it relates to a sanitary measure full of import.—All those persons who have water-closets in their houses, will be forced to clean out and fill in their garden privies.

Samuel W. Francis, M. D.

Epidemic or "Army" Itch.

Editor Medical and Surgical Reporter:

Having noticed in your valuable journal some articles in reference to "epidemic or army itch," and its treatment, I will take the liberty of giving your many readers my treatment, which has proved very successful in this truly miserable disease, which is and has been very prevalent in this vicinity for the last two years; probably more so from our nearness to the oil region, where there is a floating population composed of all kinds of people and from all parts of the globe. In the treatment of this cutaneous difficulty, I have tried several remedies, but have found none that is so efficacious as the sulphuret of potassa in the form of a lotion of the strength of one scruple to the ounce of soft water, to be applied thoroughly every evening, whenever there is any eruption or itching. If this should be found too strong for some cases, it is very easily reduced by adding more water. I find there is quite a difference in the sensitiveness of the skin in different subjects. It should always be used strong enough in these cases to produce a tingling and smarting of the surface. After using this medicine for three days, the patient should be thoroughly washed with soap and warm water, and then, if the eruption still exists, the medicine should be applied as before. During the treatment of this disease, sulphur should be administered internally, sufficient to act gently upon the bowels.

I find this course of treatment to be as much of a specific for this "epidemic itch" as quinine is for ague. I hope those of the profession who have not tried this remedy, will avail themselves of the opportunity of doing so.

H. A. Spencer, M. D.

Erie, Pa., Feb. 13, 1866.

Suppressing the Sale of Quack Medicines.

Editor Medical and Surgical Reporter:

Owing to the anticipated appearance of the cholera in our country the coming season, the authorities and medical faculty of New York and Brooklyn are making exertions to improve the sanitary condition of these cities. The intention is to establish a legalized sanitary commission, the principle object of which is, if I understand it rightly, to insure proper quarantining, the cleanly condition of the streets, and to prevent over-crowding in dwelling-houses. All these sanitary improvements have been freely discussed, but I have heard nothing said about the indiscriminate use of quack medicines, which certainly is a fruitful source of disease. Having the privilege of visiting, daily, a public medical charity, I see much of the evil arising from such drugs. Think of a tuberculous child, feverish and fretful, who, because he occasionally rubs his nose, is obliged to take a semi-weekly dose of Mr. Parasite's Vermifuge, and an anæmic girl, with amenorrhœa, taking numerous doses of Mrs. Freelove's Pills—a sure cure for all female obstructions.

If such medicines are not as prolific in manufacturing candidates for cholera as dirty streets and crowded dwellings, they are certainly worthy of careful attention.

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* Our correspondent will be pleased to find the commencement of Dr. Clark's lectures in this number of the Reporter. The discussions before the Academy of Medicine will also appear the week following each session.—[Editor Med. & Surg. Reporter.

But I write to know if a health officer has, or will have, the power to suppress the sale of noxious drugs, if considered necessary for the preservation of public health. I know that a butcher cannot sell meat if at all suspicious in quality, and a milkman's cart can be stopped in the street, and his milk destroyed, if it is adulterated; but can a health commissioner prevent the sale of quack drugs, which are, beyond doubt, injurious to the health of our people, notwithstanding the testimony of many clergymen and ecclesiastical papers to the contrary? This is what I want to know. If you can give me any information on this subject, you will oblige me. If you cannot, please give my inquiry a place in your valuable paper, where it will come to the notice of those who, perhaps, can.

Alex. J. C. Skene, M. D.

196 *Atlantic st., Brooklyn, N. Y., Feb.* 6, 1866.

☞ The Faculties of the Medical Colleges of this city and New York are agitating the question of raising their fees from fifteen to twenty-five dollars. We understand that the proposition comes from the New York schools. If fees must be raised, why go above twenty dollars?

News and Miscellany.

Insane Department of Philadelphia Hospital.

In his annual report to the Board of Guardians of the Poor, Dr. S. W. Butler, Physician and Superintendent of the above institution, gives the following account of its operations for the year 1865:

On January 1, 1865, there were in the institution 562 patients, 202 men and 360 women. There were admitted in 1865, 165 men and 194 women, 359 in all, giving a total of 921 who were under treatment during the year. The daily average of patients was 198 men, 378 women, 574 in all.

During the year there were 353 patients discharged, as follows:

	Men.	*Women.*	*Total.*
Discharged cured,	82	92	174
" improved,	27	24	51
" unimproved,	7	9	16
Died,	52	60	112
Total,	168	185	353

December 31st, 1865, there remained in the institution 199 men, 369 women, 568 in all, showing an increase for the year of only *six*, there being an actual diminution of *three* men, and an increase of *nine* women.

In the care of these patients twenty-six persons are employed, who are aided by the labor of thirty-two paupers.

In the report tables are given showing 1. The admissions and discharges for each month during the year; 2. The daily average of patients treated during each month of the year; 3. The nativity of the patients; 4. The per centage of nationality; 5. A table showing how many were discharged, cured, improved and unimproved, and who died during each month; 6. Time of residence of those discharged; 7. Causes of death; 8. Report of the vegetables raised by the patients in the garden; 9. Report of work done in the shoe shop; 10. Report of work done in the sewing-room.

The Hospitals and Almshouses of Massachusetts.

Gov. Andrews, in his late message to the Massachusetts Legislature, says:

That class of dependants known as State paupers receives but a slight measure of outside relief, and is distributed among the three Lunatic Hospitals, the three State Almshouses, and Rainsford Island Hospital.

These institutions are unlike in their forms of government and modes of support. The Lunatic Hospitals accommodate town and private patients, as well as the State pauper insane. The latter are received for $3 25 per week, and numbered, at the close of the year, 478. The aggregate of their bills for the year 1865 will be $84,000. At the close of 1862 they numbered 692, and were supported at $2 25 per week, and their total cost was $100,000. This is a creditable reduction.

The State Almshouses have averaged 1919 inmates, which is less than in any year save one of their existence. The cost for 1865 will not vary much from $160,000.

The Hospital at Rainsford Island has averaged 68 inmates, whose support has cost $26,000.

The total expenditure for State paupers in the charitable institutions is therefore about $270,000, for an average of some 2490 inmates.

A Race of Pigmies in Africa.

An English paper says: "If we are to believe M. Du Chaillu, the dwarf inhabitants of Western Africa are a peculiarly exceptional race. They have only short tufts of hair upon their heads, and are thus strikingly different from the less nomadic races, whose heads are covered with hairy turrets. They have a wild, anxious, and timorous expression in their eyes. Although M. Du Chaillu gave several beads to induce some of them to remain, and was brought to them stealthily by the natives, all the men, except a young adult disappeared, leaving a few women behind. It would appear that his visit alarmed them; for, although he stayed a week in the adjacent village, the Obongo—as they are termed—were no more to be heard of. The following are the measurements he was enabled to make: The only adult male measured 4 feet 6 inches; but as one of the women reached 5 foot and half an inch, (she being considered extraordinary tall,) M. Du Chaillu has no doubt that some of the men are equally tall, or even taller. The other women whom he measured had the following heights: 4 feet 8 inches; 4 feet 7½ inches; 4 feet 5 inches; and the smallest 4 feet 4½ inches. He considers the average height to be from 4 feet 5 inches to 4 feet 6 inches. The smallest woman had the largest head, viz., 1 foot 10½ inches in circumference; the smallest was 1 foot 9 inches around."

Archæology.

The Archæological Academy of Belgium have organized an international congress in conjunction with the French Archæological Society, which is to take place at Antwerp. The following questions, among others, will be discussed at the meeting: On the duties of the Legislature as regards the preservation of historical monuments; on the most rational methods of arranging historical records; on the principles to be observed in the restoration of ancient buildings of various styles and periods; on the character of the schools of painting of Liege and Tournay, and their influence on the development of the Flemish school; on the special characteristics of the ancient Celtic and Gaulish divinities; on the influence of the Roman legions on the spread of Christianity among barbarous nations; is it possible to establish the birthplace of Rubens by authentic documents? Was America discovered by the Northern nations before the expedition of Christopher Columbus? The Minister of the Interior has accepted the office of Honorary President, and has granted a subsidy to assist in defraying the expenses of the congress.

—— Professor Agassiz's explorations on the main stream of the Amazon alone have resulted in the discovery of no less than *eleven hundred and sixty-three* species of fish, which is a greater number than exists in the Mediterranean. In the great branches of the Amazon—the Madeira, (2200 miles long,) the Purus, (1400 miles,) the Rio Negro, Tapajos, Tocantins, Ica, and Japura, (each more than a thousand miles long,) it is estimated that there are several hundred more species differing from those of the main stream.

—— Ovariotomy in France.—This operation was lately performed by M. Labbé, on a patient, aged twenty-nine, with complete success; and it should be noted that a spacious room in the outskirts of Paris was secured, in order to give the patient, placed under the care of Dr. Frémy at the Beaujon Hospital, all possible hygienic advantages. The tumor was multilocular, and weighed with its contents about forty pounds; the clamp was used, and in eighteen days the patient could take a walk in the garden.

—— Dr. Fischweiler, a learned German physician, who died at the age of 109 years, ascribes his longevity to a constant habit of sleeping with his head to the North and his feet to the South. From persisting in this habit, the learned doctor considered that the iron contained in our system, finding itself in the direction of the magnetic currents which are constantly flowing over the surface of the globe toward the North Pole, becomes magnetized and thus increases the energy of the vital principle.

—— An Italian physician has recently discovered a remedy for certain forms of neuralgia. Attributing the obstinacy of the disease (trifacial neuralgia) to the variations of temperature so frequent in Sicily, he adopted the expedient of covering all the painful parts with a coating of collodion containing a certain proportion of hydrochlorate of morphine. This treatment was perfectly successful; the relief was instantaneous and permanent, and the coating fell off in the course of one or two days.

—— Mr. Tristram, the English naturalist, together with Dr. Gunther, a German savant, and other men of science, have lately explored Palestine with the view of collecting the materials for a description of the botany and natural history of the Holy Land. Mr. Tristram has already given, in his "Land of Israel," a description of the birds and mollusks, and Dr. Gunther of the reptiles and fishes of the Holy Land, and other works are soon to follow.

—— Dr. R. J. Breckinridge, of Kentucky, a son of the Rev. Wm. L. Breckinridge, D. D., and a cousin of Gen. John C. Breckinridge, has become a citizen of Houston, Texas, and engaged in the practice of medicine, after having served in the Confederate army till the close of the war.

MARRIED.

Dunn—Woolsey.—In Brooklyn, N. Y., February 8, by the Rev. D. V. M. Johnson, A. A. Dunn, M. D, of Chicago, and Nellie M., daughter of the late Lieut. W. G. Woolsey, U. S N.

Snyder—Butler.—At Wilkesbarre, Pa., Feb. 15, by Rev. C. J. Collins, S. M. Snyder, M. D., and Miss Mary Ann Butler, both of Danville, Pa.

DIED.

Barclay.—Feb. 16, Mrs. Augusta, wife of Dr. Barclay, and daughter of Jos. Baldwin, of Newark, N. J., in the 36th year of her age. Buried at Freehold, N. J.

Beardsley.—At his residence in Brooklyn, Feb. 19, Dr. H. G. Beardsley, formerly of Hamilton, N. Y., aged 60 years.

Brown.—In Groton Junction, Mass., Feb. 13, Mary Frances, wife of Dr. J. D. Brown.

Butler.—In Baltimore, suddenly, Feb. 19th, Dr. John J. Butler, in the 34th year of his age.

Cameron.—February 14th, 1866, of inflammation of the brain, Josie G. Cameron, aged 18 months and 16 days, infant son of Dr. J. G., and M. Louisa Cameron.

Clement.—In New York, Feb. 24, Abraham D Clement, M. D., in the 65th year of his age.

Conant.—Feb. 20, Mrs. Mary W. Conant, wife of the late Dr. D. S. Conant, of New York.

Kane.—In this city, Feb. 11, Mrs. J. D. L. Kane, widow of Hon. J. K. Kane, and mother of the late Dr. Elisha Kent Kane, the Arctic Explorer.

Monell.—In New York, Feb. 19, Carrie, youngest daughter of Dr. J. S., and Mary Monell.

Robertson.—Feb. 18th, in Norristown, Pa., Dr. Edward Robertson, late of Providence, R. I., in the 36th year of his age.

Rogers.—In Quincy, Ill., February 9, of chronic affection of the lungs and throat, Dr. Hiram Rogers, aged 58 years.

Tatham.—February 3, 1866, at her residence in Hazel Dell, Cumberland county, Ill., Mrs. Olive B., wife of George M. Tatham, and daughter of Dr. J. F. Knowlton, aged 25 years.

Washburn.—At the Seaman's Retreat, Staten Island, Feb. 20, Dr. S. D. Washburn, House Physician of the Institution, in the 44th year of his age.

White.—In Baltimore, Feb. 18th, Dr. Elias A. White, in the 45th year of his age.

METEOROLOGY.

Feb. 1866,	12,	13,	14,	15,	16,	17,	18.
Wind	N. E.	N.	S. E.	N. W.	N. W.	W.	S.
Weather	Cl'dy. Rain.	Cl'dy.	Cl'dy.	Clear. High Wind.	Clear.	Clear.	Cl'dy, Rain.
Depth Rain							9-10
Thermometer.							
Minimum	40°	28°	25°	19°	0°	8°	15°
At 8 A. M.	50	37	35	25	6	22	26
At 12 M.	50	42	43	23	15	31	38
At 3 P. M.	49	40	44	22	16	33	39
Mean	47.25	36.75	36.75	22.25	9.25	23.50	29.50
Barometer.							
At 12 M.	29.8	30.1	30.	30.	30.7	30.8	30.4

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 471.] PHILADELPHIA, MARCH 10, 1866. [Vol. XIV.—No. 10.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

II.

Phenomena of Cholera.

Having considered the pathological appearances of cholera after death, our attention will next be directed to the phenomena which characterize the disease in its inception and progress.

The first fact to be noticed is *diarrhœa*. In enumerating the symptoms of the disease, all observers agree that diarrhœa is present in the great majority of cases, commencing generally before the occurrence of any of the other symptoms, and continuing for a certain number of hours, days, or weeks, varying in different epidemics and persons, according to probable influences of climate, habits, mode of living, and individual idiosyncracies. This diarrhœa is not to be confounded with ordinary diarrhœa.

During the prevalence of an epidemic of cholera, a large number of persons are usually affected by it. In many, after continuing for a length of time, it terminates in the full development of the disease, while in others, it finally passes away without the accession of other symptoms. It may or may not be looked upon as a part of the disease. For all practical purposes, however, it may be so considered. It is either painless, attended with gurgling of the intestines, at other times accompanied by colics. The character of the discharge is usually, at first, what is commonly called bilious, that is yellowish, supposed to contain bile. But as it approaches the period when the other symptoms begin to appear, a change occurs, presently to be noticed. The number of discharges that precede an explosion of cholera varies considerably. Frequently, there are not more than two or three in twenty-four hours; while at other times as many as twenty, and continuing for days or even weeks. Nothing, however, contained in the discharges of this initiatory diarrhœa has been found to be characteristic of the disease.

As the other symptoms approach, a change is observable from the more natural appearance of the discharges. From yellow, they become opaline, serous, like rice-water, and very soon or simultaneously with this, the diarrhœa itself becomes more violent, and *cramps* and *vomiting* set in. So prominent are these three phenomena, that the nearest definition, perhaps, which may be given of the disease is, that it is characterized by purging, vomiting, and cramps. Purging is almost constant, vomiting and cramps general.

We have then arrived at cholera fully developed, and if the diarrhœa is included, which is generally present for a longer or shorter space of time before the incursion of the other symptoms, the disease may be divided into four stages:

First stage—characterized by simple diarrhœa.

Second stage—characterized by violent diarrhœa, vomiting, and cramps.

Third stage—characterized by collapse.

Fourth stage—that of reaction and the occurrence of typhoid symptoms.

In regard to the duration of diarrhœa, the following facts are presented, which were collected at the beginning of an epidemic. The diarrhœa lasted before the occurrence of other symptoms:

In one case 2½ hours, 10 evacuations; in another, 2 days; in another, there was no diarrhœa until the cramps occurred; and then only four evacuations before collapse; in another, none until cramps set in, when it became very severe; in other cases, it lasted respectively 10, 2, 2, 30, 36 hours, 2½ days, and 3 weeks. Dr. Buel, physician to one of the cholera-hospitals in New York during the prevalence of an epidemic, calculated the average duration of the diarrhœa in 469 cases as 3 days and 6 hours.

At about the time when cramps and vomiting set in, two other phenomena make their appearance, namely, suspension of the *urinary secretion* and a marked change in the *voice*. In the above cases, suppression was noticed at the time when the purging became violent, in 8 cases; there

was little suppression of urine in 3, and none in one case. The voice in these same cases changed from the first appearance of severe diarrhœa.

In regard to the *vomiting*, the material usually at first ejected, consists merely of the contents of the stomach, of food which has been retained in the organ for some time. But frequently soon after, the ejections assume much of the nature of the evacuations from the bowels, like rice-water, thin, greenish or dark green, varying according to circumstances. In about one-half of the cases above referred to, the vomited matter was tasteless, while in the other half it had a bitter taste. In two of these cases there was no vomiting. The time of the beginning of vomiting in these cases was as follows: In one it commenced with the diarrhœa and cramps; in two cases, from one to two hours after the diarrhœa; and in ten cases, with the cramps.

The *cramps* are associated with this, the more violent stage of the disease. They begin in the inferior extremities in the greater number of cases, soon passing to the whole body; in a few instances, they are confined to the lower extremities entirely; they are known to have commenced sometimes in the fingers and toes, and thence to have gradually involved the rest of the muscles. They continue generally during the diarrhœa, but frequently cease in collapse. In a good many cases they are terribly painful, yet in some they are slight. But, as a general rule, they may be considered as the chief source of suffering of cholera patients.

Collapse generally follows the diarrhœa, and consists in these associated facts: *first*, a very marked feebleness of pulse, or pulselessness of the wrist, while the heart is found to beat yet with considerable force; *secondly*, coldness and lividness of the surface and prostration.

The *coldness* of the skin is usually noticed as beginning on the nose; here, and in the tongue, it is first recognized; then in the feet, legs, hands, and face, in succession, and the arms, thighs, breast, chin, as the disease advances. A noticeable fact in regard to this decrease in the temperature of the body is that the surface of the abdomen often remains warm.

Lividity of the surface occurs nearly in the same order; first in the lips, then in the face, under the nails of the fingers and toes, the surface of the breast, then over the whole body. Generally, with the coldness of the skin there is found a considerable degree of moisture or dampness over the whole surface, though in a few cases it remains dry and cold. The breath also is very frequently observed to be cold.

The *pulse*, though it sometimes reaches a figure as high as 130 per minute, usually is not found much accelerated, being about 85; but as the disease advances, it is apt to grow less frequent. The respiration is frequent, and occasionally there is a great deal of dyspnœa. This may have given rise to the term cholera "*asphyxia*." The respiration is almost always nearly double in frequency; while from 16 to 18 respirations per minute constitute the normal standard, their frequency has been noticed, in a number of cases observed in succession, repectively as 34, 34, 28, 24 per minute; it is almost entirely costal.

Associated with all this is an unnatural and violent *thirst*, the patient drinking, if allowed to do so, almost without limit.

At the *epigastrium*, the patient has a sense of great distress, occasionally a burning sensation, at other times merely a sensation of weight. In connection with this, it may be mentioned that, while the whole of the body may be cold, the patient often has a sensation of burning in his arms and hands, and will, on this account, throw them about from the bed-clothes, constituting another striking feature of the disease.

As collapse advances, the patient assumes a cadaverous look, his hands and feet, especially on the palmar surface, become shrivelled; a sense of deep prostration, often beyond description, seizes him and becomes extreme. When the skin of the neck is pinched up into folds with the fingers, in noticing the rapidity with which it returns to the normal state, it is found to return to its normal position quite slowly, and this want or loss of elasticity of the skin has been spoken of as one of the characteristic features of true cholera; it is certainly a striking, though unimportant fact.

Although the patient is weak, and may give little evidence of mental activity, on account of the great prostration, the intellect is generally preserved throughout. In certain cases, however, marked, as has been indicated previously in discussing the post mortem appearances, by much congestion and sometimes effusion in the brain, we find decided somnolency and even coma. Some of the patients complain of tinnitus aurium, but this is an unfrequent symptom. In the deeper stages of collapse, the pulselessness is often absolute, the heart-beats are becoming more feeble, the cadaverous look becomes more intense, there is little or no mobility, the eyes become sunken, the aphonia becomes absolute, vomiting, cramps, and purging cease, and death closes the scene.

Premonitory diarrhœa. Perhaps one of the most practical questions connected with the symptoms of cholera is, whether there is always a preliminary or premonitory diarrhœa, a question which has been made the subject of considerable controversy. Dr. Hutchinson, of Brooklyn, has published in the *New York Journal of Medicine*, a detailed record of six cases in which there was no preliminary diarrhœa. In all of these cases, the history shows that the other symptoms, vomiting or cramps, were concurrent with the purging, except in two of the cases, where purging commenced from half an hour to an hour before the other symptoms occurred. Dr. McLoughlin, of London, published two papers at different times, in which he strongly opposes the possibility of absence of the premonitory diarrhœa. He says that no reliance whatever could be placed upon the statements of the patients, as he had had ample opportunity of observing. This may be so. Dr. Trask, in charge of the Westchester Workhouse on the approach of an epidemic, instructed all the inmates and attendants to report at once when any of the inmates were seized with diarrhœa. Yet, he afterward learned that the patients would conceal the fact, not only withholding information themselves, but forbidding their comrades to report to the doctor that they had diarrhœa. It might very well happen, that even the most careful observer could be mistaken in relying upon the patients' or their friends' denial of the existence of the diarrhœa.

Dr. McLoughlin claims that while the cramps constitute the essential characteristic of cholera, the most extensive inquiries and observations made in London by the medical staffs of the various hospitals and others, showed that not a case had occurred in several epidemics which had not been preceded by preliminary diarrhœa. He and other authorities are emphatic in expressing the opinion that a diarrhœa always precedes the outbreak of the disease in an individual Dr. Vaché, in reporting 46 cases which occurred. in the Centre street hospital of this city, states that 40 had the premonitory diarrhœa, while 6 had not. When we review all the facts of this wide controversy, it is fair to conclude that cases do occur in which the violent symptoms commence the disease, and looking over the records of past epidemics, you will find a certain number of cases in which there is no reasonable ground to assume the existence of a preliminary diarrhœa, and practically such should these cases of Dr. Hutchinson be considered.

Dr. McLoughlin, as has been stated, claims that cramps are essentially present in every case; a statement which must be considered as too sweeping. In the twelve cases, which have been referred to above, cramps were entirely absent in two. Though very frequent, they are not an essential feature of the disease.

We will now turn to examine a little more closely, some of the fluids in cholera.

Vomiting, or rather the character of the vomit in cholera, is very variable. Sometimes it is green, dark-green, yellowish; at other times it appears more like the alvine, rice-water evacuations. One of the striking features is, that the discharges in cholera are all acid. We should expect it in the stomach, because here the natural contents are such; but none of the discharges have ever been found to be alkaline. Sometimes they have been found to contain albumen; in one case Becquerel found 18 parts in 1000, but this is a very large proportion. Chloride of sodium has been separated from the discharges, by the same observer, in the proportion of $2\frac{1}{2}$ to 8 parts in 1000. The great bulk, however, of the discharges consists of water, generally from 950 to 990 parts in 1000, though in one case it has been found to constitute only 931 parts in 1000. Of course the more free from the natural contents of the stomach, the more watery the ejections.

Common salt has been found present in great quantities by Dr. Hutchinson,—about $\frac{1}{2}$ to 1 part in 1000. Absolutely this appears a small quantity, but this is owing to the extreme dilution, and really is large. Albumen is but rarely found in the dejections. A French chemist, however, reports that the albuminous element is to be found in form of *albuminose*, by some other tests than heat and nitric acid, and he regards the albuminose as the result of the rapid decomposition of albumen in this disease.

Bile has generally not been found in choleraic evacuations. But Professor Parkes, of London, following the investigations of Simon, has come to the conclusion that bile is present at all times, except in the height of the disease, but that it exists in a modified form, and he claims that nitric acid and heat together will develop it. He states that he has found the same condition of things in typhoid fever.

An interesting little study has lately been made by Dr. G. Johnson, of London, regarding the material which constitutes the floculi in the rice-water evacuations. He states that all this floculent material is epithelium, which appears in flakes or minute scales. He adds that the quantity of epithelium is so large, that there must be a power of reproducing it, and that this

forms probably a means of eliminating the poison. This, however, is theoretical.

The choleraic alvine discharges are found to be either neutral or acid, like those from the stomach. Their color, too, varies like the latter; they are not all rice-water; frequently yellow, or of a darker tinge. In 93 cases observed by Dr. Hutchinson, 36 had yellow or mahogany discharges, and it was noticed that these were more fatal than those who had purely rice-water dejections.

In regard to the blood, every one knows that it becomes tenacious, dark, loses it power of coagulating, and increases in specific gravity, owing to the draining away of its watery part. It has been supposed that its saline constituents are similarly diminished with its watery part, but this is doubtful. Garrod has found that cholera blood really contains more saline matter than normal. The normal quantity is about 5 6-10 in a thousand parts, while in cholera it has been shown to be as high as 5 7-10 to 10 7-10 in a 1000. It would seem from this that there is no real ground for the adoption of the saline treatment in the disease.

Another interesting point is, that the blood itself, which is naturally alkaline, becomes neutral, or even acid. A similar fact has been noticed in yellow fever, so noticeably that Dr. Blair has been induced to denote the stage in which it occurs, as the stage of acid reaction.

In regard to the quantity of salts present in the discharges, Dr. Robinson concludes from his investigations of the subject, that it is greater during the early stages of the disease, and diminishes as it progresses.

During the early stages of the disease, none of the observers who have recorded their investigations have found urea in the blood; but as it advances in collapse, and later, during the periods of reaction and the typhoid stage, it is found increasing, amounting sometimes to 1 and a fraction in 1000. The amount of urea formed in the course of cholera is probably small, on account of the sluggish, feeble, tissue metamorphosis during the disease.

In regard to the urine, it is, as has already been stated, suppressed until reaction occurs. Then it has been found by Dr. Begbie, of Edinburgh, to become acid, and to contain albumen in 53 cases of 69; bile was present in the urine in 43 cases of 68, and casts of tubes in 24 of 64, and broken fragments of casts in almost all. All this shows that there is a process going on, which, if continued, would lead to albuminous nephritis, or Bright's disease. The urea is markedly diminished, but becomes more abundant with the more abundant secretion of urine, as reaction progresses.

Communications.

ISCHURIA RENALIS.

By Flint L. Keyes, M. D.,
Of Jerseyville, Canada West.

Of all the urinary diseases, ischuria, or suppression of the urine, is the most formidable affection which the physician is called upon to combat, especially when those who are attacked seek too late the assistance of art, or trust themselves to imprudent hands. Fortunately, the disease is unfrequent.

Suppression of the urine, for many years past, has attracted, in a very particular manner, the attention of many of our most eminent and scientific physicians, and several hypotheses as to its nature have been suggested, to be soon abandoned as unpathological. Numerous monographs have at various times been published on this important subject, which have enriched medical science with a variety of curious and interesting cases of great interest, the knowledge of which may conduct to important therapeutical indications. Sauvages has defined it under the term of *retention*, but appears to have recognized a distinction between retention and suppression. Cullen evidently regarded suppression and retention as equivalent terms; while Good arranged it under the head of paruria inops, and Willis preferred the title of anuria, both believing this affection to be a complete suspension or abolition of the secreting office of the kidneys, which terms, they think, more perfectly express the distinguishing feature of this disease. However, it is immaterial, as far as pathology and treatment is concerned, what name it may assume, if understood idiopathically and not confounded with retention of the urine, or when a symptom of calculus or other disease. In this paper I have retained the old name, ischuria renalis, on account of its being the name most in use in this country.

Good, in his Study of Medicine, states that Sir Henry Halford, in his short history of this disease, has made remarks which are of too much importance to be omitted. All patients who have fallen under his care were fat corpulent men, between fifty and sixty years of age, and in three of them there was a strong urinous smell in the perspiration twenty-four hours before death. The cases which I am about to relate are quite a different class of patients. Two of them were fe-

males of a nervo-sanguineous temperament and spare habits; the third, a tall bony man, quite thin in flesh; from the tender age of eighteen months up to fifty-five years; the only cases which I have, fortunately, seen and prescribed for in an experience of many years in the medical profession.

The proximate cause probably arises from a highly irritable or morbid state of the renal nerves proper, or a congestion of their neurilemma. Exciting cause, external violence, exposure to cold, a translation of rheumatism or gout, and irritation in teething.

I cannot conceive any necessity for supposing that an idiopathic affection of any other part, whether liver, fever, hydrocephalus, the nerve-centres, the digestive or the assimilating functions, and in fact, nephritis itself, should in anywise produce ischuria. And when suspension of the urine should happen from either of these causes or from calculus in the pelvis of the kidneys, it should be regarded as nothing more nor less than a prominent symptom denoting the serious character of the complaint the patient may be laboring under. The physiological experiments made by Mueller and Peipers go far to bear me out in such a conclusion. They have satisfactorily demonstrated by experiment, that when the renal nerves are destroyed or divided, the secretion of the urine is entirely suspended, notwithstanding the access and egress of the blood to the kidney may be provided for and made as free as ever. Krimer and Naveau found that when the eighth pair of nerves were divided, the urine became albuminous and showed no trace of certain matters conveyed into the stomach. When these nerves were simply irritated or partially compressed by a ligature, the urine became watery and of low specific gravity. And the same thing took place when the great sympathetic nerve was divided in the neck; and in injuries to the brain, Krimer found the urine altered in its character. These facts are as much as are known concerning the influence of the nerves on the secretion of the urine. Ischuria renalis therefore may be traced to an aberration of the renal nerves; consequently, it should be looked upon as a far less complicated affection than has hitherto been supposed.

Case 1st. June 20, 1842. Was requested to visit Miss J. S., æt. 16. Her mother's statement was that her daughter had been out on the evening of the 18th and had taken cold, and had not made water but two or three times since, and but little in quantity at each time, none through the night or morning of my call. Was not so much alarmed at this as at the consequent suppression of her menses; on further inquiry, found nothing of a serious nature from the interruption of the menstrual flow. She complained of no pain nor fever; tongue clean; pulse slow and full: no desire to urinate, nor sense of fulness of the urinary track. Patient was of a slender build and spare habit, the eyes wore a languid expression; urinary smell perceptible. To be sure that this case was suppression, I introduced the catheter and found but a few drops of urine in the viscus. Prescribed jalapæ compositus, ℈jss., to be taken immediately. ℞. Bitart. potassæ, ʒiv., aquæ, Oiij. Sacc. alb., q. s., M., ft. solutio, to be used freely as a drink.

21st. 10 A. M. Medicine had operated well. No improvement. Medicine to be continued.

22d. 10.30. Medicine had moved the bowels freely; had passed urine a few times, the last time quite a large quantity. Her general appearance was improved, the urinary smell less. The solution to be continued for a day or two, if necessary.

Case 2d. May 10th, 1850. Mr. A. T., aged 55, a farmer, called to say he wished my advice. Stated that he had not made water for five days. The truthfulness of his story I had no reason to doubt, from the strong urinous smell he carried about him. When in the house it was extremely offensive; yet he was but slightly affected by uræmic poison. At night he was troubled with several liquid stools, none during the day. Had attended to his daily avocation. When at work, sweat considerable but not profuse. He was a tall, bony, lean man. Passed the catheter, found no urine in the bladder, tongue natural, pulse excited a little from his walk. Complained of no pain nor fever, was quite well on the day he discovered that he felt no desire to urinate. ℞. p. ipecac., ℈j. ant et potass. tart., gr. j. M. ft. Pulv. emet. to be taken, on his return home, at once.

May 11th. Patient had urinated freely, once before the medicine had done operating, and continued to void his water as usual since. Gave him light tonic bitters, to be taken for a few days on account of debility.

Case 3d. Oct. 4th, 1865. Mrs. P. H., brought her child to me, æt. 18 months, a female. Stated that her child has not passed water for thirty-six hours, to her knowledge. The child was restless at times, eyes heavy, somewhat anæmic from looseness of the bowels for some two or three months, being concomitant with teething. Otherwise saw nothing peculiarly striking in the case. ℞. ant et pot. tart., gr. j., aquæ, f.ℨj. M. ft. solutio. To

give a teaspoonful every fifteen minutes until emesis should come on, then to be omitted.

Oct. 5th. 7 A. M. Emetic had operated well bowels moved several times. Countenance more expressive; eyes did not show the uræmic poison; had not urinated. The parents much disturbed in mind about the safety of their child, being their only surviving daughter. Examined the gums and found the upper gum tumid over the seat of each canine tooth; lanced them. Used the catheter; not a drop of urine was found in the viscus. Ordered a warm bath to be used immediately; at 8 A. M., to take gr. vj. of calomel, and at 10, to take a teaspoonful of the following mixture: ℞. potass. iodidi, gr. x., tinct. nucis vom., gtt. xv., aquæ, f.℥ij., sacc. alb., q. s., ft. mistura, and repeat the dose every two hours after.

Called at 4 P. M. Medicine had moved the bowels some three or four times. At 12.30, passed a small quantity of urine, and had urinated twice subsequently. Mixture to be continued in teaspoonful doses three times a day. This child has not been troubled since, and is well at this date.

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Operation for Strabismus, Performed under Peculiar Circumstances.

Isaac S, æt. 25, colored. He says that when eight or nine years of age, while splitting wood, a chip flew up and struck his right eye. A traumatic cataract was the result. In May last he had varioloid, and central opacity of the cornea on the left eye followed an ulcer on its surface. In July last his eyes were both operated on. The cataract in the right was extracted, but the sight has not been restored to it. In the other eye, the only one with which he now sees, an artificial pupil was made. His sight was improved, but is still much impaired, owing to the size of the central opacity.

To obtain any vision at all with the eye, he is obliged to twist his head towards the right shoulder, so as to allow the rays of light to enter on the left side of the opacity. I think I can benefit the patient by an operation which will draw the eye inward and downward so as to expose the clear portion of the cornea, and the artificial pupil behind it, (which you see has been admirably made by my colleague,) directly to the rays of light. To accomplish this I shall perform the operation for strabismus, making, you see, a sub-conjunctival section of the internal rectus muscle. I open the conjunctiva by an oblique incision which allows the effused blood to escape with facility, and the wound to readily heal. I now take up the tendon of the internal rectus with my blunt hook, and cut it with the scissors, taking care to leave a little stump of tendon at the insertion of the muscle. Through this I now pass a delicate needle, armed with silk ligature, and draw the eye, as you can distinctly see, well inwards and downwards. This brings the clear portion of the cornea and the artificial pupil directly in front and in the centre. To keep the eye-ball in this position, I shall now fasten the ligature on the bridge of the nose with adhesive strips.

Dec. 30th, 1865. The patient, as you see, is much improved. The deformity produced by the extraordinary twisting of the head is entirely removed, and he sees far more distinctly, owing to the artificial pupil being now far more in the centre, and the rays of light hence entering readily to a focus.

Stercoraceous Abscesses.

Case I. Miriam G., æt. 25, colored. Admitted October 20th, from the Pennsylvania Hospital. Her health had always been good till one year ago, when, in shutting a door, she struck herself on the abdomen, near the site of the present opening, which is below, and to the right of the umbilicus.

During the next three months she suffered greatly from pain in the right hip, which gradually extended to the umbilical and hypogastric regions. An abscess now formed, and broke itself, discharging more than a pint of pus, but no feces. Fecal matter was first noticed in the discharge three weeks ago. The bowels were regularly emptied by the rectum till two months ago. Since then the evacuations have been less frequent—there sometimes being an interval of a week between them.

A probe easily passes in at the opening its full length, and a gum catheter goes in about six inches. The discharge is rather thin, and has a strong fecal odour.

Case II. Ellen G., æt. 85. Sixteen years ago she observed a swelling in the right groin. This caused but little pain. At times it would become very tense, and at others almost disappear. It was pronounced by her physician to be a hernia. Three years after its first appearance—she says without any cause—an external opening appeared. This never healed, but soon began to discharge fecal matter, and has continued to do so ever since. Her bowels are opened in the natural way about once in two weeks. A gum catheter when passed in, came in contact with the intestinal wall, just behind the orifice, but by turning the point a little, the instrument went in its full length.

As a rule, this class of abscesses is more frequent in males than in females. By far the most usual cause is some foreign body, which, lodging in the cœcum or biviniform appendix, sets up inflammation, which goes on to ulceration, and finally to an abscess. Impaction of feces, or external injury, may give rise to it. When the latter is the case, the starting point is usually in

the cellular tissue of the abdominal walls, and the intestine is involved secondarily. From her history, this seems to have been the case in our first patient. Again, these abscesses may be the result of a strangulated hernia, of which the second is most likely an example.

The symptoms attending the formation of these abscesses are almost always severe. The sympathetic fever is very marked, and the local distress is great. The latter is caused by the great resistance of the tissue to the accumulating pus. There is nearly always great irritability of the stomach. Fluctuation is not easily detected till the disease has existed for some time. The usual seat is in the right iliac region, though they may appear in any portion of the abdomen.

Treatment.—Always evacuate as soon as pus can be detected, but if you suspect the condition previous to this, always try to disperse the inflammation. But how are we to benefit these patients? If I can close this long sinus by forcing the walls together, so as to prevent any discharge of feces, and if I open the bowels regularly every day, I give the track an opportunity to heal, and possibly I may cure my patient. To do this I will take a large thick piece of leather, spread it with diachylon, place it over the sinus, draw it upwards, and force the walls together, thus imitating the formation of a flap to close the opening. I shall hold the leather firmly in position by a compress, and adhesive strips. I will have the bowels opened every morning by a laxative and enemata, and will give her those articles of food which make the least debris, such as rice and rich soups.

Dec. 30th. The patient who came to us from the Pennsylvania Hospital is much improved. No feces have passed by the opening for many days, and very little pus. Her bowels are opened regularly by the natural way. She sleeps well, her appetite is better, and she has gained flesh.

Muriate of Ammonia in Iritis.

Dr. Jos. C. Hildreth, of Chicago, speaks very highly of the benefits derived from the use of muriate of ammonia in iritis. Its action he sums up as follows:

1. Large doses modify neuralgic pain, congestive cephalalgia, and frequently act as a laxative.

2. Small doses exert an influence on the capillary, glandular, and lymphatic systems, which facilitates dilatation of the pupil, resolution of the inflammation, absorption of exudations, hypopion, etc.

3. It allays nausea, unless the dose be too large, or the stomach very irritable.

4. Fever, coated tongue, and other constitutional disturbances are relieved.

5. It appears to facilitate the action of narcotics, and produces no irritation of the conjunctiva.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

Wednesday Evening, Oct. 25th, 1865.

Cholera—(Continued.)

Dr. L. P. Gebhard remarked:

At the last meeting of the Society, Dr. Nebinger read a very interesting paper on the subject of cholera, in which he took a view of our sanitary condition, and the necessity of making use of prompt and decided measures in anticipation of the appearance of this scourge among us, by removing every thing of an offensive and noxious character from our midst, and from our surroundings, which might in the least militate against us, in the production or increase of the disease; recommending that the Board of Health should without any delay pay attention to this subject. He then alluded to some of the causes which were calculated to increase our danger, and took a cursory view of its treatment. The discussions that followed were principally upon what had been done by the Board of Health in anticipation of the previous visitations of that disease, and also the efforts that were now being made by said Board to effect that object, as well as the great difficulties attendant on its accomplishment. The whole evening was thus consumed in eliciting much valuable and interesting information on the subject. In consequence there was little or no time for any other member of the Society to enter into the discussion. Not feeling disposed to permit such an important subject to be dismissed, particularly at this time, without others having an opportunity to participate in it, I propose making a few remarks this evening to reopen this subject for further consideration.

As Dr. N. justly observed, particular attention should be paid to it in a hygienic point of view. Though animal decomposition may be inadequate in itself to generate this disease, still it may be capable of increasing, and even aggravating any affection produced by atmospheric influence, whether cholera or any other infectious disease. How far that principle denominated *ozone*, which is presumed by some to be a peculiar modification of oxygen, in varying its quantity or quality, may operate in the production of this disease, is impossible for us to decide. This poison, which is not cognizable to smell or any other of our senses, is of such a subtle character as entirely to elude the strictest scrutiny of the most intelligent or observing; no instrument having ever been discovered that is capable of measuring its

dimensions, or weighing its extreme refinement, or discerning any difference whatever in its appearance from the atmosphere we breathe. Finite minds are incapable of comprehending such arcana as these, which belong solely to the *Disposer* of all events; notwithstanding which, the same power which controls the cause, enables us in some degree to control its effects, by which the extreme danger emanating from it, may not only be abated, but even averted. There are good reasons for believing, that every disease has its appropriate remedy or remedies, which would relieve it, if properly administered. The object then of the physician, is to ascertain what the disease is, what organ or organs it effects, and what remedies are best adapted to act on the affected parts most efficiently. The symptoms attending cholera, clearly indicate that the liver is deeply involved in its production, as well as the chylopoietic viscera generally. It is well known by medical men that mercurials act specifically upon the liver, hence the necessity of their administration in cholera asphyxia. The rice water discharges which so frequently occur in the more violent cases of this disease, evince the complete suppression of the biliary secretions, not a particle of bile entering the bowels.

Permit me for a few moments, to advert to some cases previously communicated to this Society, as they occurred in my practice in this city in 1832. The first case terminated in a state of collapse in seven hours from the inception of the disease; the functions of the liver appeared to be entirely suppressed, as there was no evacuation from the primæ viæ, either by catharsis or emesis;—all the fluids of the system took a centrifugal direction to the surface of the body, in the production of a perspiration so extremely abundant, as to destroy life in the very short period above stated;—had the liver continued to secrete bile in this case, it would either have passed through the ductus communis choledochus into the bowels, or if obstructed, would have regurgitated through the different tissues of the body, producing sallowness of the skin, neither of which was apparent.

The same suppression of the biliary secretions evinced itself in another case, where there was no disturbance whatever in the alimentary canal, either *per ore or anum;* the great prostration of strength evinced itself by a shrunken countenance, approaching the hippocratic; and no pulsation of the radial artery was perceptible. A half scruple of hydrarg. chlor. mitis was administered, and a few hours afterwards the dose was repeated. The pulse soon returned to the wrist, the countenance assumed its natural appearance, and within two days the patient became convalescent, before even a single evacuation occurred from the bowels.

The third case was that of a young man of very dissipated habits. A scruple of calomel was administered at one dose. Within a very short space of time, the perturbed state of the whole alimentary canal became quieted, no evacuation, either *per ore* or *anum*, having occurred for more than a day afterwards, and recovery was the immediate consequence. The same suppression in the biliary secretions occurred, as in the former cases, as no appearance of bile was evident from the color of the discharges. A similar attack occurred in the same individual some time afterwards, when the same dose was administered, with the same favorable results.

Other cases, in which vomiting and rice-water dejections, accompanied by prostration of strength, were the prominent symptoms, occurred; in all of which, I found the same mercurial treatment equally successful.

From this and subsequent experience, if I were now called upon to visit similar cases, I should pursue the same course,—with the addition of ol. terebinth. in all cases of great prostration, particularly in the collapsed cases, in which a cold skin, attended with profuse perspirations, predominated. This remedy is a great styptic, being well calculated to arrest the perspiration, and at the same time sustain the system by its stimulating properties. It is far preferable to alcoholic stimulants, inasmuch as it relieves the symptoms and sustains the strength, without producing any undue excitement of the brain. In milder cases, where the impression made upon the liver is weaker, and not sufficient to produce an entire suppression of the biliary secretions, the diarrhœa will be something similar to ordinary diarrhœa, in which a diminished quantity of bile enters the intestinal canal. In such cases, by restoring the biliary secretions to their normal state, the cure is effected. This is readily accomplished by smaller doses of calomel than in the more violent cases.

Different opinions are still entertained by medical men, in relation to the causes and nature of this disease, and different theories founded thereon: the diversity of these theories has produced different remedies, not only to alleviate its symptoms, but also to effect its cure. It appears to me, that the symptoms of this disease are so clear as to admit of no doubt as to its true pathology. If the exposition of the general principles of any science is correct, it is reasonable

to suppose that the practice founded upon such an exposition must be correct also.

My practice in the cholera of 1832, was in exact accordance with the theory that was (as it were) then inaugurated into my mind, as the only just exposition attainable on such an important and vital subject. Let us for a moment examine the foundation upon which this theory is built. The food we eat, after undergoing a digestive process, is formed into a pulp, which being mixed with the supra-diaphragmatic secretions, is called chyme, which continues in this state until it reaches the biliary and pancreatic ducts, which open into the duodenum, when it is gradually formed into chyle; it is then absorbed by the chyliferous vessels, which arise at the mucous surface of the intestines; along these, it passes through the mesenteric glands into the thoracic duct, and thence enters into the subclavian vein; being thus gradually assimilated into a vitalized fluid, it enters into the lungs, and by coming in contact with the atmosphere we breathe, blends itself with it in the decarbonization of the blood, restoring that fluid to its former normal state, so essential to the maintenance of that integrity which gives vigor to the whole human frame. This lacteal fluid is the pabulum that not only nourishes, but sustains and invigorates the whole organism upon which life depends. Let us take the adverse view of the case. The patient is suddenly seized with cholera; all the chylopoietic viscera, including the liver, stomach, intestines, pancreas, and all the chyliferous vessels, become at once deeply involved in the dire calamity; the chyle, if not entirely cut off by the disease, becomes so vitiated as to be incapable of performing its accustomed functions: it is thereby converted into a poison, which meets a deteriorated atmosphere in the lungs, and the decarbonization of the blood is very imperfectly performed; the venous blood losing its vitality in passing from the extreme arterial vessels in its return to the heart, seeks a renovation from the lost or vitiated chyle and deteriorated atmosphere, but receives no response, and venous congestion is the consequence. Such being the fact, how are we to restore the former vitalizing process to a normal state, except by reproducing the vitalized fluid in its pristine state, and how can this be effected so soon, and so efficiently, as by restoring the liver, and all the other chylopoietic viscera to their previously healthy condition? This can be more readily effected by the mercurial plan, than by any other process whatever, as it is the *sine qua non* in all hepatic affections. That venous congestion exists in the more violent cases, there can be no doubt, as indicated by all the symptoms. In its course, this congestion involves the nervous and every other system in its grasp; still these serious symptoms are only secondary in their nature. By expecting to cure the disease by the application of remedies to the particular systems, we might as well expect to cleanse a foul fountain by operating upon the streams emanating from it. The proper plan is to act on the fountain head, *ab initio*, and then we may fully calculate upon success.

[To be continued.]

Editorial Department.

Periscope.

Excision of Bones; Removal of Entire Humerus and Heads of Ulna and Radius.

In the *American Journal of Medical Science*, Dr. J. B. Cutter, of Newark, N. J., reports two cases of excision of bones. In the first case, the shoulder-joint had been injured by a minnie-ball, and three days afterward the head and neck of the humerus were removed. About ten days after the operation, an abscess formed at the elbow-joint, which was opened and gave exit to a large quantity of pus. This opening had not closed five months later, when the patient came under Dr. C's care at Ward U. S. General Hospital, and there were other openings in the arm, through which the probe would readily pass, revealing extensive necrosis of the entire shaft of bone and elbow-joint.

Operated July 21, 1864, removing the entire bone, including heads of ulna and radius. The incision made in the first operation was carried down the ulna line of the arm to the forearm, and the bone removed with very little injury to the surrounding parts. No ligatures were required, as the bleeding was completely arrested by the use of cold water. The tubercle of the radius was left, leaving the insertion of the biceps muscle. The lips of the wound were brought together with silver sutures and adhesive plaster, and comfortably supported at a right angle with splints. Union resulted by first intention almost throughout the entire length of incision. Three weeks after operation wound healed completely, and patient moving about.

The carpal, metacarpal, and digital muscles were left powerfully subservient to the will for grasping, holding, and pulling, though there is some paresis of the extensor-carpi digitorum. The arm, forearm, and hand are daily regaining a healthy tone; biceps and deltoid muscles contract strongly, zigzag for lack of fixedness; the entire arm and hand are somewhat atrophied. The arm is shortened one and a half inches, is extremely flexile and ungovernable.

Three months after the last operation, the patient was presented to Dr. E. D. Hudson, of New

York city, with an order from the Surgeon-General to have an apparatus made and applied. The apparatus is described as follows:

1st. A scapular piece fitted over the shoulder, with an artificial acromion process for a *point d'appui*.

2d. A somewhat spiral humeral case of wood and leather, to fit and encircle the whole arm snugly, to keep the muscles in place and supply fixedness.

3d. An anthrodial joint (oscillatory) to unite the humeral and scapular parts, and extend the arm from the body.

4th. An aponuerotic case for the forearm, extending to the carpal end, to compact and prevent displacement of muscles in flexing.

5th. Ginglymus elbow-joints uniting the humeral and cubital case with greaves; stanchion appendid for tendons.

6th. Representative pectoral and brachial adductors and flexors of rubber webbing attached to the tendons, to draw the arm forward over the chest, and flex the forearm.

7th. Temporary representative extensor carpi digitorum, to antagonize the flexors of the wrist, hand, and fingers, to restore the tone of the extensors.

Result of Treatment. Arm and forearm supported, strong, and reliable; arm oscillates at the shoulder; forearm flexes at will, at a right angle with the arm; holds parcels in his hands, lifts a pail of water perpendicularly, pulls strongly on a horizontal line.

Is improving in the use of his arm. When last seen, he could take an arm-chair and swing it around at an elevation of 45°—almost at a right angle with the body.

Enormous Cancer of the Kidney.

At a recent meeting of the Liverpool Medical Society, according to a correspondent of the *Medical Press and Circular*, an enormous cancerous growth, involving the right kidney, was shown. When removed from the subject, the tumor weighed nine pounds, and on the most careful examination, not the slightest trace of the normal kidney structure could be found. The left kidney was somewhat enlarged and fatty. The urine had been highly albuminous, but though it had been several times examined for cancer cells, none had been found.

Cæsarean Section—Successful Case.

A successful case of Cæsarean section occurred, according to the *Medical Press and Circular*, in the hospital practice of Prof. Jacolucci, of Naples. The patient was only 41 inches in stature; dimensions of pelvis: from right to left anterior superior spinous process of ilium, 8 inches; from middle of one iliac crest to corresponding point on the other side, a little less than 2 inches; right sacrocotyloidean space rather more than 1 inch, left ditto 1 inch. Labor pains having set in, on arrival of Prof. J. the waters had escaped, and cord protruded. Pulsation in the cord becoming gradually more feeble, Cæsarean section, by Mauriceau's method, was decided on. The abdominal cavity and anterior wall of the uterus having been laid open, the operator introduced his hand in the direction of the right iliac fossa, in which was found the head of the still living fœtus. The loss of blood was considerable. By the retraction of the uterus, the wound in that organ diminished to half its extent. The twisted suture was then employed, and the application of a bladder filled with ice to the abdomen, and cold enemas, constituted the entire treatment during the next three days. The wound in the abdomen united by first intention.

The 13th day after the operation the points of suture were removed, the cicatrization being complete. The lochial discharge and lacteal secretion were established normally; and at the expiration of fifty days the patient left the hospital.

Reviews and Book Notices.

The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F. R. S. New York: W. Wood & Co., 1865. 8vo., pp. 445.

It is unfortunate for those students who find in diseases of the skin the *pons asinorum* of clinical medicine, that the leading authority in regard to them in our language has so little genius for simplification. Ten years ago, in the preface to his "Diseases of the Skin," Mr. Wilson advocated his "natural classification" of these diseases, upon a pathological basis; asserting that he had, in it, changed very few of Willan's terms, but had endeavored to avoid objections urged against previous artificial arrangements. We supposed that this might last, through his life-time, at least; but now, in giving a "Class-book, founded on British Cutaneous Medicine," he abandons the idea of a natural classification; implying that his own attempt, as well as those of Alibert and Hardy, have failed; and gives instead, a "clinical classification," in twenty-two groups.

In this, he has changed considerably his terms, and much of his arrangement. Thus he removes *herpes* from its association with vesicular affections, and puts it with the *bullæ; rupia* he locates entirely with the *syphilitic* disorders; *psoriasis* and *pityriasis* he asserts to be only stages of *chronic eczema*. The only true squamous affection he declares to be *alphos;* a term scarcely *mentioned* in his other work, above alluded to. *Alphos* is a substitute for *lepra;* reserving the latter name for the ancient leprosy. Celsus applied the word alphos to the affection (tuberculo-squamous) so named, now, by Wilson.

Under "*eczematous* affections," this author now includes eczema, psoriasis, pityriasis, lichen, impetigo, scabies, and gutta rosacea. Is not this confusing? We agree with a writer in the *Brit.*

and For. Medico-Chirurg. Review (Tilbury Fox, Jan. 1866), that there *is* a difference between *eczematous* and *non-eczematous* papulæ, pustulæ, and squamæ. Wilson himself admits this (p. 96) in the present work, thus: "By lichen we intend to convey the idea of papulæ, which are *dry* throughout their existence; all papulæ associated at any period with exudation, should at once be turned over to eczema." If there *are* dry papulæ, so throughout, as we all know, why should lichen be, by name, called or characterized as an eczematous affection?

Scabies, too, is here called eczematous; although our author fully adopts the belief that it depends for causation upon the acarus. This, too, seems to us confusing.

Molluscum, *warts* (verruca), *corns* (*clavus*), are included under *ecphyma;* a word not in the Index of the treatise of 1846. Two other terms are also introduced which we do not find in that book, viz., *kelis* and *bucnemia tropicalis;* the latter being meant to take the place of *elephantiasis Arabum*.

Lupus is set down as entirely a scrofulous affection. Elephantiasis of the Greeks is regarded as a leprous disease. *Gutta* rosacea is distinguished from *acne* rosacea; the latter only being a follicular disorder.

Under *phytodermic* affections, Wilson ranks trichosis, favus, kerion, sycosis and chloasma. His view of the pathology of these is almost peculiar to himself. He states that they "involve the rete mucosum and epidermis, and present the character of developing a morbid tissue *resembling* that of a fungous plant or mucedo;" a "phytiform tissue." The foreign origin of the nosophytes, and their actual transplantation or contagiousness, is denied.

Wilson asserts that he has seen the cells of the rete mucosum passing through a stage of growth in which their nuclei are converted into granules; this he calls a degenerative proliferation, or "granular degeneration."

While strongly prepossessed against this view, we must do justice to it by mentioning two arguments of considerable force, which he urges against the common theory. First, that, as he states, these diseases begin not upon, but under the horny epidermis; which, therefore, if implanted from without, the sporule must penetrate. This process Wilson declares to be an impossibility. Secondly, the *symmetry* of chloasma, at least, is very unlike what would be expected of the growth of fungoid vegetations, whose sporules ought to spring up everywhere around the parental centre, as they fall.

As points of general pathology and treatment, Wilson insists much on the general existence of *debility* (nutritive, assimilative or nervous) as the ground-work of all considerable cutaneous diseases. He soothes their inflammatory stages, and endeavors to stimulate their enfeebled and perverted nutrition by various means; using "specific" remedies also where they are available. As a general alterative stimulant in obstinate skin disease, he maintains great confidence in arsenic. For local use a favorite with him is *oleum juniperi pyrolignici*, or *huile de cade*. Hebra's preparation, of equal parts of this oil, soft soap and alcohol, is especially recommended, as a local stimulant alterative. A more soothing application, much used by Wilson, is the benzoated oxide of zinc ointment.

Although the term *parasiticide* is not used by him, our author frequently resorts to corrosive sublimate and other mercurial compounds, so called by others.

He regards tincture of chloride of iron as a "specific" in erysipelas; and prefers *lard* to any thing else for local use in that disease.

In carbuncle, he favors a *single* incision rather than a crucial one; mentioning with approval Arnott's plan of *congelation* for anæsthesia of the part at the time of operation. The employment of *potassa fusa* to remove the surface of a carbuncle is also approved. We can speak well of this from observation. *Cancer* of the skin Wilson says should be destroyed early by caustic potash or nitric acid; both of which he prefers to chloride of zinc, as the last is the most painful.

For scarlet fever, the internal use of *carbonate of ammonia* is commended; and in malignant or non-eruptive cases, it is advised to add an ounce of strong solution of ammonia to each gallon of water for a hot bath. This looks like a good suggestion. It originated with Mr. Grantham, of Croyford, England. A formula of Dr. Watson's, for internal use in scarlatina maligna, is given: potass. chlorat. ʒij., dissolved in acid. hydrochlor. fʒij., diluted with fʒij. of water; of this add fʒij. to a pint of water, and give half an ounce or an ounce every hour or two.

In syphilitic diseases of the skin, iodide of potassium, Donovan's solution, and Zittman's decoction are Mr. Wilson's dependence. Of the latter he gives the recipe in full (p. 324). Its essentials are sarsaparilla, calomel and cinnabar.

Altogether, this book, with all its peculiarities, no doubt, represents very well the present state of cutaneous medicine. We may add, that the publishers, Messrs. Wood & Co., have issued it in good style, of binding as well as paper and typography.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 10, 1866.

CARE OF THE INSANE POOR IN COUNTY POOR-HOUSES.

That better provision should be made for the insane poor, especially for recent cases, which are at present not taken care of in regular hospitals for the insane, but placed indiscriminately with other paupers in county poor-houses, has repeatedly been urged by those who have interested themselves in behalf of this class of unfortunates.

The late Dr. Sylvester D. Willard, of Albany, New York, last year submitted to the Legislature of that State, a "Report on the Condition of the Insane Poor in the County Poor-Houses of New York," which is published in the Transactions of the Medical Society of the State, and forms so complete and exhaustive an enumeration of facts, that any one who chooses to read the report will be convinced that something should be done to ameliorate the condition of this class of men.

Nothing could afford stronger proof of the necessity of prompt legislative action to provide better means for the liberal accommodation and care of insane paupers, no logical arguments or persuasive eloquence could be better calculated to impress our minds with the urgency and absolute need of such action, than does the simple array of facts and statements contained in this report; and as the state of things therein described is to be met with elsewhere than in New York; as, indeed, a want of proper care and accommodation of this class of patients is to be found in nearly every poor-house of every State, it will not be improper if, in a rapid sketch of some of the main facts which Dr. Willard adduces, we call the attention of our readers to the subject, in the hope, to speak in the language of the report, "to direct attention to the misery and wretchedness that still exist, and to induce measures for its aversion in the future."

The committee, of which Dr. Willard was chairman, to accomplish its work of investigation thoroughly, prepared a series of questions, which were sent to medical men in each county, and to which pretty full responses were given from all the counties except four. We will glance at some of these responses.

Albany county.—155 lunatics in poor-house asylum; 14 died, 28 discharged during the year. The asylum *was built* to accommodate *thirty-one* lunatics; but there are confined in it, at date of report, one hundred and three! This is the almshouse asylum of the Capital of the State. The yards for out-door exercise, etc., are for the male and female patients respectively, 53 by 90, and 84 by 102 feet, and barren, having neither shrub nor tree, bench or seat.

Allegheny co.—21 insane patients; none are without the privilege of coming to the *open air every day, unless the keeper is absent;* some of the cells are quite bad, and the atmosphere in them very bad. Vermin were found in some of the beds. A county physician averages a visit to the lunatics about once a month.

Broome co.—21 lunatics; 5 under constant restraint by handcuffs or otherwise; *whipping seldom resorted to;* only attented to by other paupers; vermin observed. Institution designed to accommodate but *five* insane.

Cattaraugus co.—17 insane; the violent locked up in a dark room; no bathing tub; in some beds two persons. Straw is used for bedding, and changed *as often as it becomes foul.* No attention paid to free ventilation or uniformity of heat in winter.

Cayuga co.—29 insane, among 75 paupers; house calculated for 30 persons; *deficient ventilation.* At time of examination, two cells were occupied, with one violent and destructive lunatic in each, filthy in a superlative degree, their excrements spread over the floor, on walls, and over their persons; with no means for ventilation or change of air, the stench at their cell-door was excessively offensive.

Chemung co.—8 insane of 48 paupers; no bath-tub, and no special attention paid to cleanliness, ventilation, or uniformity of heat in winter. Dr. Morse says, "The condition of the insane paupersi n Chemung county is deplorable in the extreme, and there is no adequate provision made to remedy the evil."

Columbia co.—27 lunatics, 127 inmates; inadquate supply of water; no bath-tub; cleanliness, ventilation, and uniformity of heat in winter not observed. *Twelve* sleep on straw, without bedsteads. Females have a change of undergarments every week; the *males none;* none had had stockings during the winter. No provision is made for medical treatment; they do not receive any medical attendance at all, nor care of any sort with reference to ultimate recovery. Confirmed lunacy and hopeless idiocy is the fate that threatens the unfortunate who passes this threshold.

Cortland co.—31 insane of 88 inmates; condition shockingly bad. No system of amusement or light occupation; close cells and straight-

jackets in violent cases; no full supply of water; usually two sleep in one bed; in one case three; in some instances sane and insane sleep together; atmosphere bad. "*The common claims*," says the reporter, "*of humanity would seem to demand some regulations which will secure more attention to the physical comfort and moral training of each individual, and the special medical treatment of the insane.*"

Delaware co.—14 cells, in which 26 lunatics are confined. A hall runs on each side of the building, and in the middle are located the cells, after the style of a prison, which are 4 by 8 feet, made of rough material, the doors of rough hard wood plank, three inches thick, with a diamond hole in them, 7 by 9 inches, which is *the only source of light and air!* Beds are on the floor.

Erie co.—121 lunatics of 500 inmates. About 24 capable of labor. Straight-jacket and restraining chair in use; no full supply of water; no bath-tub.

Madison co.—25 insane of 94 paupers; no bathing tub; 18 sleep on straw, without bed or bedding. Straw changed once a week, and these lunatics, with their "bodies besmeared with their own excrements, not allowed to come daily to the open air, eating in the same filthy apartments, are not washed from one year's end to another." Cells 4 by 6 feet, with no ventilation. "A bad stench" issues from them. *Three males were in a state of nudity;* 14 had neither shoes nor stockings during the winter! Females wore only chemises.

Niagara co.—Straight-jacket, or leather muff, as restraints, and *whip sometimes used to enforce discipline.*

In *St. Lawrence co.*, *whipping* and confinement in *cages* is resorted to, to subdue the violent insane. At night ten are confined in a single cell; sexes not separated.

It is unnecessary to further enumerate this catalogue of shamefully inhuman treatment of the insane. It is only to be remarked that in nearly all these poor-houses, the reports state that *recent cases are admitted*, while there is not the least provision or care for medical, hygienic, and moral treatment, with a view to ultimate recovery. Can we imagine a system better calculated to *furnish incurables* than this? Can we expect *recent cases* to become anything else but confirmed under such circumstances?

One thousand three hundred and forty-five insane are confined in the poor-houses of New York in this manner, of which 386 are capable of more or less labor.

In the report Dr. Willard says:

"It not unfrequently happens that the most important plans for the advancement of either science or philanthropy must be approached and developed through the channels of political economy. To what extent, therefore, is it economy to give to the insane of every class the advantages of treatment in a well-managed asylum—in an institution conducted on principles of science? And to what extent is it a want of economy to place those who are mentally deranged in circumstances that tend to make them confirmed lunatics? It is not asked to what extent are these propositions humane, but in dollars and cents, what is economical. The following calculation is based on authentic statistics:

"For example: Of 100 cases of recent insanity placed under immediate care and treatment in a proper asylum, about 80 will recover, and the average period will be six months, at a cost of $5 per week, $130; add for transportation, $20, making $150 each, or $15,000 expense to the State. But, argues the narrow-sighted official, 'they can be supported at the county house for $1.75 per week.' It is true, and of the 100 cases about 70 will thus become confirmed lunatics, and the average duration of life will be 18 years, and the cost will be $1,638 for each person, or $114,660 for the 70. At $2 per week the cost would be $131,040. All this misery, and 70 incurables, with a tax of $131,040, against 80 cured, with a tax of only $15,000. Is the economy then in favor of the poor-house system of care?"

Fortunately for the interests of the State, and welfare of the insane poor, the appeal of Dr. Willard was not made in vain, for the authorities of New York had the good sense to act upon the suggestions of his report, in which the views of the medical profession are embodied, and have established an institution for the treatment of the insane poor, which they have with evident propriety called the "Willard Asylum for the Chronic Insane." This institution is located in the beautiful village of Ovid, on the borders of Cayuga Lake, and includes a large farm, which, in the employment it will give to the patients, will be an important adjunct in their curative treatment. The hospital and cottage plan of treatment are to be combined. Altogether, so far as has transpired, the institution will be a credit to the State of New York, and an enduring monument to the memory of him whose name is associated with it.

We trust that Pennsylvania, New Jersey, and other States, who are sending back their chronic insane from the state institutions to the county poor-houses, will emulate the example of New York, and place this class of unfortunates in a condition to secure their ultimate recovery.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

III.

Tetanus.

The 363 cases of traumatic tetanus recorded in the register for that subject, are all that have been reported during the war. The proportion to the total number of wounds is not large. In the Schleswig-Holstein war, Stromeyer had 6 cases among 2000 wounded. In Napoleon's campaign in Egypt, in the Penisular campaign, and in the revolt in India, the ratio appears to have been larger than this. Among 12,094 wounded, the British in the Crimea had 19 cases only.

Of the 363 cases, 336 terminated fatally. Of the 27 recoveries, the disease was of a chronic form in 23. In the 4 remaining cases, the symptoms were very grave. In 2, recovery took place under the use of opiates and stimulants; in 2, after amputation of the wounded part.

The great majority of the cases were treated by the free use of opium, conjoined with stimulants and concentrated nourishment. Chloroform inhalations were very generally employed during the paroxysms of spasmodic contraction. Sub cutaneous injections of morphia and atropia were frequently used. Cathartics, quinia, camphor, cannabis indica, bromide of potassium, strychnia, belladonna, and aconite, are mentioned among the remedies employed. Cups, blisters, turpentine stupes, and ice, were among the applications made to the spine; and fomentations, with opium or tobacco, were in some cases applied to the wound. Amputation, division of nerves, and extirpation of neuromata in stumps, were the surgical means sometimes employed. The results have not modified the conclusion of Romberg, that "wherever tetanus puts on the acute form, no curative proceeding will avail, while in the milder and more tardy form, the most various remedies have been followed by cure."

Autopsies were made in many cases, but with almost negative results. It is frequently mentioned, that great congestion of the brain and spinal cord was observed, a condition on which the lesions of the connective tissue of the white medullary substance of the medulla oblongata, of the inferior peduncles of the cerebellum, of the crura cerebris, and of the spinal cord, producing a viscous mass, abounding in nuclei, and never progressing to the formation of fibres, are believed to depend.

The records abound with illustrations of the influence of sudden vicissitudes of temperature in producing this fatal affection, and of the effect which unextracted balls and other foreign bodies, and matter confined under fasciæ, appear to exercise upon its development.

Secondary Hæmorrhage.

Of cases of secondary hæmorrhage, where the bleeding proceeded from a stump or from a gun-shot wound, 1037 cases have been examined and recorded on the registers. Of these 387 were cases of secondary bleeding from a stump, and 650 cases from gun-shot wounds of the first class, 233, or 60 per cent. ended fatally; of the second, the termination was fatal in 330 cases, or 51 per cent.

In the 1037 recorded cases, the femoral artery was ligated 93 times for bleeding from stumps, and 45 times for bleeding from wounds; the subclavian was tied 5 times for bleeding after amputation at the shoulder-joint, and 6 times for hæmorrhage from gun-shot wounds of the axilla. The common carotid was ligated 15 times for hæmorrhage from the deep branches of the internal carotid. Amputation was practised 78 times for secondary bleeding from gun-shot wounds; and re-amputation was performed 14 times, when other means of arresting hæmorrhage from stumps had failed.

Pyæmia.

On this subject 281 reports have been, and 251 special reports remain to be examined. The histories of 754 cases are recorded in the register, the post-mortem observations accompanying a large proportion of the fatal cases. These number 719, or 95.35 per cent. Pyæmia supervened in 377 cases of gun-shot injury, in which no operation had been performed, and after 295 cases of amputation, of which 155 were cases of amputation in the continuity of the femur. The purulent infection was subsequent to excision of the shafts of long bones in 27 cases, and to excisions of joints in 28 cases.

These figures do not represent the frequency with which pyæmic poisoning has occurred. It has been one of the greatest sources of mortality after amputations, and its victims are to be counted by thousands. The small number of cases on the register are taken from special reports. The conclusion of a number of statistical reports on its treatment, are adverse to the therapeutical utility of the sulphites and hyposulphites in this disease.

A series of colored drawings, illustrating the embolic phenomena attendant on pyæmia, the metastatic dépôts, etc., have been prepared at the Army Medical Museum.

Our next will contain extracts from the report of Surgeon Otis, relative to surgical operations.

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

Notes and Comments.

Lime Inhalations in Diphtheritic Affections.

We have before referred to the fact (Med. & Surg. Reporter, vol. xiii., p. 171,) that diphtheritic membranes are rapidly dissolved in lime-water. Dr. A. Geiger, of Dayton, Ohio, has used the lime-water treatment in diphtheritic affections with great success. He sends us a vial of lime-water in which a diphtheritic cast of the trachea, *two inches in length*, which was expectorated by a patient of his, was *completely dissolved*. This can be seen at our office. Dr. Geiger has treated several cases of membranous croup with *lime-water inhalations*—a much better plan in some respects than that recommended by Kuchenmeister. He simply places unslacked lime in a vessel and pours boiling water upon it, and lets the patient inhale the vapor. *The relief is almost instantaneous.*

Under date of Feb. 19th, Dr. Geiger writes:

"I have, this morning, another triumph to record, in the lime treatment. I was called yesterday (Sunday) evening, to visit a boy about nine years of age, who was suffering from a severe attack of croup. The boy had been exposed on last Saturday, the 17th, that very cold day, and at night was taken with hoarse cough and fever, his parents, ignorant Germans, supposing it only to be a severe cold, relied upon their own remedies for his cure. Yesterday morning he was very bad, and continued to grow worse through the day. A neighbor coming in, informed them that the boy had the croup, and that they must send for the doctor immediately.

"A messenger came for me. Upon my arrival at the house, I heard the characteristic crowing sound as soon as I stepped from my buggy on to the sidewalk. When I entered the house, the family were around the bed crying, under the impression that the boy was dying. He sat up in bed, with his face and body suffused with sweat, each inspiration grated upon the ear with terrific warning that his end was fast approaching unless relieved.

"I gave him first a tablespoonful of syr. scillæ comp., to induce nausea. There stood upon the table a pint pitcher, which I filled one-third full of unslacked lime that I had brought with me, and poured over it hot water, and then had him place the mouth immediately over, or rather into the pitcher, and ordered him to make full inspirations. I retained it there for five minutes or more, when he seemed somewhat relieved. After waiting a few minutes, I gave another tablespoonful of hive syrup, and soon after repeated the lime inhalation, which I kept up for ten minutes, soon after this, he vomited; his breathing was easy, with the exception of occasional hoarse cough. I left powders of calomel and rhubarb, to be given every three hours. and also tinct. verat. viride, every three hours, and the lime inhalation to be repeated. I visited him again this morning, his mother informed me that half an hour after I left last evening, he vomited again, after which he went to sleep and slept over two hours; that when he awoke, he had again the same hard breathing, that they used the lime inhalation for awhile, when he got easier and slept again. I find him much better this morning, there is no crowing sound in inspiration, still a hoarse cough, the fever is less, the symptoms all favorable, and I have no doubt of his ultimate recovery."

The Cattle Plague—"Rinderpest."

This scourge, which has proved so fatal in Europe, does not seem to have yet reached our shores. The disease in Montgomery county, in this State, reported to the legislature by Dr. Hiram Corson, would appear to be the pleuro-pneumonia, which prevailed so extensively in New England a few years ago—unless, indeed, that the rinderpest should prove to be identical.

It has been stated that the rinderpest is a *diphtheritic* affection, which would seem to account for another statement, viz., that *lime water has been found to be the best remedy for it.*

We trust that our readers will bear in mind that *lime water is a reliable remedy in diphtheritic affections*, and give it a trial, not only in the human subject, but in the lower animals, as opportunity may offer.

Artificial Limbs.

Complaint is made that the artificial limbs furnished for the use of the soldiers and sailors maimed in the war are badly made, and of little use; and Mr. Trowbridge has introduced a resolution into Congress, calling attention to the fact. It is bad enough that these brave fellows should have suffered in the manner they did, but it is far worse to permit them to hobble about, as at present, with pain attending them at almost every step, because of the badly arranged legs they are compelled to wear.

Books, etc., Received.—A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits: cases and engravings. By Wm. Roberts, M. D. Pp. 516. From H. C. Lea, Philadelphia.

Annual Report of the Surgeon-General, U.S.A., 1865.

Private Lunatic Asylums. (Printed—not Published.)

☞ Dr. Jeffries Wyman has resigned his place as Hersey Professor of Anatomy in Harvard College. It is understood that he takes a position in connection with the Boston Natural History Society.

Correspondence.

FOREIGN.

Paris, January 20, 1866.

Treatment of Cholera.

Editor Medical and Surgical Reporter:

The last epidemic visitation of Cholera in this city has been prolific of interest in its medical treatment, as well as of its hygienic prevention, and as one of its results, I forward herewith a free translation of an article on the treatment of the prodromic stage of the disease, being the substance of a paper read before *l'Académie de Medicine* of this city.

Dr. Worms, its author, is Physician in Chief of the Military Hospital of Gross-Caillou, in Paris, and his experience is derived from the treatment of 150 cases of cholerine, and 238 of confirmed cholera, during the recent epidemic, in addition to, and confirmation of, similar observations during that of 1849.

The idea herein set forth will probably be new to many of the readers of the Reporter, and seems worthy of very careful consideration and trial.

Very Respectfully,

John H. Griscom.

The study of the numerous cholera epidemics which have visited Europe within the last thirty-five years has not been sterile: it has furnished science with matter of incontestable importance.

One of its most precious gifts is the establishment, upon a positive basis, of its prophylaxis, and its relation to hygiene, in localizing the toxic element, its transmission by the matter of morbid dejections, and in signalizing, as the most decided auxiliary of this poison, the emanations of animal and vegetable substances in a state of putrefaction, the gases from privies and from stagnant waters.

Another ascertained fact, and not less important, is, that sudden and severe attacks of cholera, without premonitory indications, are of very rare exception, and that in a great majority of cases a characteristic trouble of the digestive functions, and simultaneously of those of innervation and circulation, always precede for some time, and announce the invasion of the grave form of cholera. It is impossible not to admit that these prodromic troubles (justly entitled cholerine) are the effect of the slow and gradual action of the toxic agent, which has not yet formed, either in the local circumstances, or in the individual predisposition, sufficient elements for its full extension, or the display of its full power.

It is this preliminary phase of the malady, wherein its vitality has been, so to speak, only grazed, that the stomach does not yet refuse to receive and to absorb the medicaments, which offers to the curative art its true field for the development of its power, and it is especially concerning the treatment of this premonitory phase that I ask the Academy to permit me to expose briefly the results of my observations.

The ordinary practice in these cases consists in prescribing repose, diet, the use of warm and aromatic drinks, some diaphoretics, and in the last place bismuth, or opium, either pure or in the form of Dover's powder; but when the epidemic influence has become very decided, the employment of these means is far from being followed by success, and the success, when it is obtained, has often little duration. I have so often seen cholerine pass into cholera during the treatment by opiates, that in cholera times I cannot overcome the dread of opium.

Besides, when this medicature arrests the dejections, the stomach frequently remains embarrassed, and the patient feels no return of strength or appetite.

On account of circumstances such as I have described, finding myself at the close of the epidemic of 1849 at the end of ordinary resources, I had recourse to a new and totally different medicine, which was mentioned in a letter addressed, July 7th, to the *Gazette Médicale*, of which letter I ask permission to reproduce a brief passage: "In the last half of the month of June, when I was no longer charged with cholera service, it happened to me to receive, on the 13th and 14th, seven men who had diarrhœa, some of four, and some of eight hours duration. According to my habitual practice, I gave them an emetic (of two grammes of ipecac), and potions of two grammes of laudanum, also amylaceous and opiate lavements; but so far from seeing any amelioration follow this treatment, which has always succeeded with me in ordinary times, I must confess to an alarming aggravation to the alvine dejections, which were frequent. Vomiting was added, the evacuations assumed the choleraic character, the voice began to grow feeble and to diminish, the pulse became almost imperceptible, and the characteristic alteration of the face left no doubt of the nature of the affection.

"This is one of those forms of cholera often met with among feeble subjects, at the commencement or the end of epidemics.

"I immediately placed all those patients upon the use of *mineral lemonade* (giving them a double dose of acid), and suppressed all other medicines.

"The effect was most striking: the very next day the countenances were ameliorated, the dejections were diminished, the skin became warm, and I found in place of a slender and almost imperceptible pulse, one well developed and resistant, announcing a remarkable return of vitality.

"Three of these patients have left the hospital, and the other four eat from a half to three quarters of their allowance.

"This I wrote in July 1849. Since that time,

in the visitations of the cholera in 1853 and 1854, I have been enabled to apply to a much larger extent, in both the prodromic diarrhœa, and grave cholera, the method of treatment of which, in 1849, I had made but an insufficient essay.

"The success, as far as cholerine is concerned, has surpassed my expectations, the diarrhœas, accompanied or not by vomitings, being arrested and cured with a promptitude altogether surprising. One may see, so to speak, the pulse rising, the skin becoming warm, the strength and appetite returning at the same time, and in a few days the patients finding themselves in a condition to return to duty.

"This result was so soon manifest, that all the poor consumptives of my wards importuned for the same prescription of *mineral lemonade*, hoping from it the same efficacy from their colliquative diarrhœas."

Later still I have had occasion to prove the infallible fidelity of this simple means, and my most ardent wish is to see it in general use.

I earnestly implore my honorable colleagues who hear me, not to regard me as influenced by an unreasonable enthusiasm, which would be wrong in a practitioner of my age; that they will suspend their judgment on the subject; the occasions for experimentation are not wanting at this moment, and I fear that they will become too numerous. Two, three, at most four *grammes** of sulphuric acid, with a thousand grammes of water, or a mucilaginous vehicle with one hundred and fifty grammes of simple or raspberry syrup, makes a drink as agreeable and innocuous as ordinary lemonade, and furnishes at the same time a medicine cheap, easy of preparation, and everywhere accessible.

And when, as I have so often proved, my colleagues will have been able to convince themselves of the marvellous rapidity with which this lemonade arrests the evacuations, raises the pulse and the nervous system, warms the skin, and gives to the patient the feeling of health, I doubt not that they will participate in the confidence with which its long usage has inspired me; as moreover these diarrhœas are very evidently only an attenuated expression of the epidemic influence, they will naturally come to the conclusion that a medicament so powerful against cholerine, should not be indifferent in confirmed cholera.

To repeat here the mode of my practice; in cases of prodromic diarrhœa, and according to the greater or less gravity of the case, I add 3, 4, or at most 5 grammes of concentrated sulphuric acid to a kilogramme† of a sweetened decoction of salep.

The patient takes every hour a glassfull of this lemonade, and rinses his mouth two or three times after drinking it. It is seldom that four glasses are required.

I permit the simultaneous use of the white wines, or of champagne, but I expressly proscribe the use of beer, brandy, and alkaline mineral waters during the epidemic.

As to confirmed cholera, my practice is almost equally simple.

The patient is kept in the most complete repose. Shampooing is practised only during the pain of cramps, every half hour a glass of the lemonade (of from five to ten grammes of acid to a litre*) is administered, taking advantage of the moment immediately efter vomiting. He takes, besides, at discretion, wine and ice.

I think it useful to remark that the lemonade, which has a great power to suspend the alvine evacuations, produces a contrary effect upon the vomiting, increasing its frequency and duration; but this prolongation is not unfavorable, and is generally an indication of a happy termination.

DOMESTIC.

Hip-joint Disease—Scrofulous Abscesses.

Editor Medical and Surgical Reporter:

Michael Parrish, aged 34 years, by occupation a cooper, but more recently a farmer, complained of a sudden pain in his right knee and hip joints about five years ago, when his physician treated him for acute rheumatism. Patient says the pain continued for about a year, and felt like bees stinging him, when a large abscess was discovered immediately over the trochanter major of the right side, which suppurated. About a pint of pus was discharged. The usual remedies were resorted to by his physician, but the health of the patient, which previous to this time had been good, became enfeebled, and several abscesses began to form on the dorsum ilii and thigh. The limb by this time was beginning to shorten, with eversion of the toes, inability to move the limb, etc. About four months ago the left side, or hip joint, became affected as the right had been, two abscesses having formed near the joint, and suppurated; but patient complains of soreness—with some stiffness. Myself and Dr. Hanshaw, of this place, were called to see the patient, September 20th, and found him very feeble, being much emaciated. Complains of severe pain in his left knee—which presents a normal appearance. There is anchylosis of right hip-joint, with 3½ inches shortening, and very great emaciation of the thigh.

Sept. 29th. I introduced a seton, which has relieved the patient of pain and stiffness of the right side; also gave tonics, and iodide of potassium, with strict antiphlogistic regimen, which is promising a favorable recovery.

Oct. 5th. Patient generally very much improved. Find some pus burrowing in the muscles of the thigh; when I made an incision at the middle third of the thigh of left side, and

* A gramme is about 15⅓ grains, Troy.

† A thousand grammes, equal to two pounds, eight ounces, one drachm, and twenty four grains, Troy.

* A *litre* is a fraction over two pints.

about four ounces of pus was evacuated; ordered a bandage to be applied, continued the other treatment, and painted thigh with tinct. iodine.

To day (Oct. 9), I met patient in town, who reports that he feels quite easy, and can get along with the aid of a crutch quite well.

H. S. Hannen, M. D.,
Late Assist. Surg., U. S. A.

Ellenboro', West Va.

Quackery.

Editor Medical and Surgical Reporter:

In the Reporter of December 30th you have a much admired article on "Quackery and the Religious Press." I have for some years been a subscriber to the *New York Independent*, but the day I read the article, you refer to, on homœopathy, contained in that paper, of December 7th, I ordered the Editors to no longer send it to me. We have not the patience to read a paper, the editor of which will so prostitute the press, and deceive many of his readers by publishing lying articles, and notices of quack nostrums. The "*Independent*" *publishes* to the world as a fact, that homœopathy saves 91 in 100 cases of cholera, and "allopathy" only 68 in 100, and calls these not only *facts*, but "*reassuring facts*," and says, "the wise will heed them." The homœopathic quack presents what he calls statistics to establish his false operations. If the "*Independent*" believes what his correspondent says, we can instruct him how to make a fortune, and it will be equally as *honorable* as puffing quack doctors and quack nostrums. We advise him to get a large box of small sugar pills—have a variety of colors—put each color in a nice little vial, separately; place these sugar pills in a fine pocket case, get a few books, go to a strange city, talk metaphysical physic, look wise, and frequently refer to the cholera statistics of his correspondent; get his vials neatly labelled, arnica, pulsatilla, platina, mercurius, etc., etc.; buy a fine carriage and two fancy horses, a gold lettered poster placarded on his vehicle, announcing the arrival of the great "*Ruler of Disease*"—the successful "*Cholera Doctor!*" "91 cases in every one hundred cured!" Drive up and down the streets shouting at the top of his voice the praise of his matchless remedies—occasionally changing the monotony of the scene by grinding a hand organ. The gulled and gaping multitude will rally around you, and your coffers will soon be filled. The honor of your vocation will then, not only be proclaimed through the silent columns of your paper, but with the tongues of the people.

Truly Yours,
F. R. Payne, M. D.

Marshall, Ill., Jan. 1866.

News and Miscellany.

ANNUAL COMMENCEMENTS.

Bellevue Hospital Medical College.

The Fifth Commencement of this Institution was held at the Academy of Music on Saturday, February 24th.

The following are the names of the graduates:

Nova Scotia.—Rowland M. Nelson, Dan. G. McKay, John Sommers, Thomas Walsh.

Canada West.—John Dugal McLeary, George Mitchell, Robert Smith McAlpine, Geo. Burnham, Frank Harrison, John Sinclair, Thos. Wilde, Joseph Jarvis, Milton H. Starr, Norman Asa Smith, Loran Lester Palmer. Duncan McMurchie, Frederick C. McCallum, Henry E. Vaux, Jacob Baxter.

Maine.—John Warren Finkham, John Peavey Kee, Levi Edwin Holmes, Thos. Dick.

New Hampshire.—Elias Craig Neal, J. Lysander Eaton, Ed. T. Marsh.

Vermont.—Dean Gustavus Kemp, William Burroughs Hazzard.

Massachusetts.—Henry B. Stoddard, Edgar H. Congdon, John Winslow, Levi Lewis Dorr, Isaac L. Bond, John Jackson Orton, Alonzo Lewis, Charles H. Perry, James B. Brewster, James Farrer Stone, Alfred Otis Treat.

Rhode Island.—Louis Phillipe Griffin, Francis N. Braman.

Connecticut.—Arthur Wells Smith.

New York.—I. De Forest Nichols, James Beglow, Fred. A. Crane, Elisha Hall Bridges, Lemore Zabriskie, John Wells James, Julius Augustus Post, Chas. Willard Hamlin, Jonas Jones, C. Austin Davindorf, Nathan Tucker, A. Raymond Barton, Daniel Rea Porter, John Henry Harris, Josiah Cook Darling, William Scheide, Lervy Milton Yale, John W. McMenamy, Frederick A. Castle, Frank Ring, Samuel Holman, Foster Thayer, B. Newton, Hillem Fay Bennett, John Elsner, Theo. De C. Miller, Edwin P. Brown, Chas E. Cook, Harry Daniel Bullard, Theo. Wirter, Joseph E. Gray, John Wm. Freeman, Charles Isham, Emerson C. Angell, Enos Taylor Lazell, Charles Gould Clark, William W. Root, Henry Bigelow Allen, Wm. Osborn Taylor, Joseph W. French, Leonidas V. Winston—41.

New Jersey.—John Thos. Fritz, Julius M. Simpson, Geo. W. Terriberry, Geo. T. Ribble, James Oscar Green, Fredk. Wash. Dunker, Isaac Jones Wells, Geo. Wm. Coit—8.

Pennsylvania.—David Miller Anderson, Henry John Durant, Edward Peter Miller, Constantine H. Martin, Nathan Jackson, Francis M. Pearsall, Edwin S. Umbstaelter, Thomas M. Kennedy, Edward H. M. Sell, Andrew J. Snively, Hiram M. Birchard, Joseph Benson Parker, Abrm. H. Stickler, William D. Troxler, Leonard Kelley—15.

Ohio.—F. Fletcher McCleary, John Joliff Scribner, Seth Martin Benepe, Andrew J. Manville, Joseph L. Gilbert, Ludwell G. Thacker, Jacob B. Casbeer, Henry Clay Newkirk, Geo. Kennon Taylor, Henry C. Wise, Benj. F. Culver, John Robison Gamble, Thomas M. Coleman, John Herman Luken, Alfred Hamilton Iddings, Josiah Reed, Eugene B. Pratt—17.

Indiana.—Alfred McKeenan, John Scott Price, John Plutarch Avery, Stewart C. Pitcher, William Henry Brenton, William J. Elstun, James P. Wallace, Joshua W. Underhill, Madison Hall Rose, Jonathan Kersey, Joseph Jones, John Miles—12.

Illinois.—Geo. Read Skinner, Reuben Woods, Joseph W. Caldwell, Absalom B. Stuart, Alex. Williams, Smith Hamilton Hess.

Michigan.—Jonathan S. Rouse, Samuel Beach Frizell, Garrett R. Baldwin, Henry Brooks Baker, Alex. R. Shank.

Iowa.—Orvill B. Thompson, Phillip F. Harvey, Geo. E. McCosh, J. M. O. Snyder, Samuel Whitten.
Wisconsin.—Milton Henry Hanks, James A. Jackson, Reginald M. Reynolds.
Missouri.—Byron S. Howard, William H. Renick, William Lee Barrett, Robert Johnson, Edward West Smith, Charles H. Abbott.
Kentucky.—Dewitt Clinton Parker, H. McIlvaine Pearce, David Bennett, Henry Clay Lloyd, Thomas L. McDermott.
Virginia.—Joseph A. Gale, Douglass Cor. Cannon.
Maryland.—Thos. Jefferson Augustine.
South Carolina.—Elliott V. Stedman.
Cuba.—Sebastian Amahil.
Panama.—John A. Wegg.

Dental Colleges.

The Pennsylvania College of Dental Surgery held its annual commencement on the evening of the 1st inst. There were thirty-six graduates. The valedictory address was given by Dr. James Trueman, Professor of Dental Physiology and Operative Dentistry.

The third annual commencement of the Philadelphia Dental College was also held on the 1st inst. There were sixteen graduates. The valedictory address was delivered by Prof. J. Foster Flagg, which was responded to by one of the class.

In the evening, the annual commencement party was held. A very pleasant feature of the entertainment was the presentation of a superb gold-headed cane to Prof. Garretson. The matter had been kept secret by the fifty students who had subsrcibed to the testimonial, and the presentation was most gracefully made. Dr. Garretson responded impromptu, but most felicitously, and was heartily applauded.

New York Ophthalmic School and Hospital.

The fourteenth annual commencement of this institution was held on Friday evening, February 23d, in the large chapel of the University. Diplomas were presented to the following graduates:

Wm. S. Ely, Saml. W. Crawford, Edward Chas. Evans, T. Frazer Rumbold, H. Henderson, Chas. A. Hart, Wm. G. Bryson, Norton G. Sands, Robt. P. Jump, Geo. A. Tye, Geo. McKay.

Addresses were made by Rev. Dr. Mathews, and Mr. Wm. S. Ely, one of the graduates.

This institution is in a prosperous condition. The last annual report of the Board of Surgeons says:

"During each week-day through all the year, three of these surgeons have been in attendance from one to two hours in the afternoon, to give their services to the poor suffering from diseases of the eye, and at the same time to impart instruction to the large number of medical men and students of medicine."

The institution has insufficient room, and ought to be able to expend as much as $100,000 in erecting a suitable edifice. It is the intention of the managers to make the hospital free for any poor man, woman or child in New York State who applies for relief, without regard to nativity, religion, or any other consideration.

Had the hospital not received during the past year very liberal aid from the City and State authorities, the managers could not have kept the patients supplied with medicines and other necessaries. Patients apply from all parts of the State, and many are cured. Thus the hospital saves the City and State from a debt in advance, for the blind must be supported if destitute.

The following is a list of medical officers connected with the institution:

Consulting Surgeons.—David L. Rogers, M. D., Prof. Alfred C. Post, M. D., Prof. Frank H. Hamilton, M. D.

Attending Surgeons.—John P. Garrish, M. D., No. 40 West Twenty-first street; Marcus P. Stephenson, M. D., No. 383 Broome street; Wm. Frederick Holcomb, M. D., No. 20 East Twenty-fifth street; Ebenezer Macfarlan, M. D., No. 154 West Forty-third street; Giovanni Ceccarini, M. D., No. 38 Tenth street; John Murray Carnochan, M. D., No. 14 East Sixteenth street.

Apothecary.—E. Dupuy, No. 387 Fourth avenue.

The Cholera in the West Indies.

A Havana correspondent of the *New York Times* writes, under date of Feb. 24th:

According to accounts received at Santiago de Cuba from the French West Indies, the cholera still continued at Guadaloupe, committing great ravages, the number of deaths up to Dec. 31, was as follows: Pointe-a-Pitre, 1200; Basse-Terre, 2000. In thirteen communes of Guadaloupe the number of deaths was 6500. In Grand-Terre, in twelve communes, including Marie Galante, 12,200.

The last accounts to the 17th, say that the cholera was markedly diminishing in Guadaloupe, but had made its appearance in Dominica.

The Committee of Commerce and Agriculture of Martinique had ordered that vessels arriving with cattle from Porto Rico should be subjected to quarantine on account of its being known that some cases of pleuro-pneumonia had appeared in that island among the cattle.

Contagiousness of Cholera.

Dr. Jules Worms states that the number of resident patients in the Parisian hospitals who were attacked by cholera in 1849, was 33 per cent. of the number admitted suffering from cholera; in 1854 it was 44 per cent. In the *Charité*, 89 home cases occurred for every 100 received, in 1849; and in 1854, 94 for every hundred. Briquet states, that before October 9, 1854, no case of cholera had occurred at la Charité. On the 9th and 14th, two cholera patients were received, and from the 15th to the 19th, eight cases of cholera broke out in patients placed near to one or other of the cholera cases. In the wards of

M. Recamier, a patient died of cholera. The next six patients who occupied his bed were seized with cholera, while in the hospital, and died with it.

Literary Men and Doctors.

It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M. D. Unfortunately, I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to *you*. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician Providence sent to Thomas Hood.—*Hall's Biography of T. Hood.*

—— San Francisco, California, with a population of 119,000, has 58 apothecaries and 248 physicians.

—— A Paris letter says that when the inventory of Dr. Jobert de Lamballe's property was taken, the inventory-maker found an immense box filled with a multitude of little paper packets, each containing the fees offered the celebrated surgeon by his office patients; the sums of money they contributed varied from 20f. to 100f. It took two days to unfold them; they contained 7000 silver franc-pieces and $50,000 in gold; there were, besides, $50,000 in bank notes, and $200,000 of French Three's. No kindred of Dr. Lamballe have been discovered, except some very distant relations—poor creatures who earn hardly their daily bread as journeymen bricklayers. "We heap up riches, and cannot tell who shall gather them."

—— Dr. Evans, the celebrated American dentist in Paris, has just been made an Officer of the French Legion of Honor. During his stay in Europe, he has received decorations and honors from almost every monarch on the continent. He is Commander of the Orders of St. Ann and St. Stanislaus, of Russia; Commander of the Orders of L'Osmaine and Medjidie, of Turkey, of the Order of Frederick of Wurtemburg, of the Order of Lachringen of Baden: Officer of the Crown and Red Eagle of Prussia; of the Oaken Crown of Holland; of St. Michel, of Bavaria; of St. Maurice and St. Lazare, of Italy, and of the Savior of Greece.

MARRIED.

Batchell—Hibben.—In West Newton, Pa., Feb. 14th, by Rev. O. H. Miller, Dr. J. S. Batchell, of Masillon, Ohio, and Miss Lizzie Hibben, of West Newton.

Bernhardt—Matthes.—February 12th, at Petersburg, Va., by Rev. Churchill J. Gibson (Rector of Grace Church), Dr. Morris Bernhardt, of New York, and Miss E. Augusta Matthes, of this city.

Crowther—Sisson.—Feb. 21, in Chillicothe, Ohio, by Rev. Mr. Biggs, Henry Crowther, of Leeds, England, and Miss Cornelia A. Sisson, daughter of the late Dr. Sisson, of Columbus, Ohio.

Johnson—Parker.—In Holliston, Mass., by Rev. J. T. Tucker, Anthony J. Johnson, M. D., of Cambridge, Ill., and Miss Fidelia Parker, of Holliston.

McCormick—Wilson.—Feb. 13, in Georgetown, D. C., by Rev. Dr. Tustin, Charles McCormick, M. D., and Miss Mary L. Wilson, all of Georgetown.

Stockton—Happer.—At Albany, Ill., Feb. 15th, by Rev. J. Coon, Dr. E. A. Stockton, of Oregon, and Miss Mary Jane Happer, of Albany.

Watkins—Rice.—Feb. 22d, by Elder G. W. Rice, in Warren county, Ohio, Harrison C. Watkins, M. D., and Miss Sallie T. Rice, both of Warren county.

Williams—Champlin.—At New Brighton, Pa., Feb. 20, by Rev. B. C. Critchlow, Henry O. Williams, of Memphis, Tenn., and Miss Fannie, daughter of Dr. Will Champlin, late of Memphis.

DIED.

Eadie.—At Port Richmond, Staten Island, Feb. 28, Eliza R., wife of William G. Eadie, M. D.

Edwards.—In New York, March 1st, 1866, Harriet Amelia L., daughter of the late Benjamin B. Edwards, M. D.

Gould.—In Lynn, Mass., Feb. 27, of congestion of the lungs, Dr. Abraham Gould, aged 69.

Merrell.—At Geneva, N. Y., Feb. 24th, in the 36th year of her age, Mrs. Anna E. Merrell, wife of Dr. Andrew Merrell, and eldest daughter of Rev. F. E. Cannon, D. D.

ANSWERS TO CORRESPONDENTS.

☞ The following books are out of print:

Da Costa, Medical Diagnosis.—*New Edition preparing.*

Hassal, on the Urine.

Lallemand, on Spermatorrhœa.

Chavasse, Advice to a Mother.

Dr. B. D. K., Tolono, Ill.—We can procure the cupping-glass you describe (Druitt's Surgery, p. 604, note.) The cost will be 75 cents each.

Flint's Practice is published, price $7, bound in leather.

Dr. J. W. C., Evansville, Ind.—Pereira's Prescription Book, sent by mail, February 27th.

Dr. W. H. D., Belvidere, N. J.—Ashton on Rectum, sent by mail, February 28th.

Dr. S. P. B., Reading, Pa.—Bound Vols. IX. and X. of Reporter, sent by Express, February 27th.

Dr. W. R. B., Livermore, Pa.—Slade on Diphtheria, sent by mail, February 28th.

Dr. I. H. D. K., Seaford, Del.—Tanner's Practice of Medicine, sent by Express, February 28th.

Dr. S. Y., Auburn, Me.—Antoine Ruppaner on Hypodermic Injections, sent by mail, February 28th.

Dr. E. M, Winterport, Me.—Dunglison's Dictionary, sent by Howard's Express, February 28th.

Dr. J. D. L., Columbia, S. C.—Flutina, sent by Express, February 27th.

Dr. H. S. D., South Coventry, Conn.—U. S. Dispensatory, U. S. Pharmacopœia, Wilson on Skin, Text and Plates, sent by Howard's Express, February 28th.

METEOROLOGY.

Feb. 1866,	19,	20,	21,	22,	23,	24,	25.
Wind	S. E.	W.	S. W.	S. W.	S. E.	S. E.	N. W.
Weather	Cl'dy. Rain.	Clear.	Clear.	Clear.	Cl'dy. Heavy Fog.	Cl'dy, Rain.	Clear.
Depth Rain	2 in.					1 in.	
Thermometer.							
Minimum	34°	28°	22°	23°	29°	30°	27°
At 8 A. M	40	37	36	38	35	54	37
At 12 M	44	41	45	50	56	59	36
At 3 P. M	42	44	47	49	58	60	35
Mean	40.	37.50	37.50	40.	44.50	50.75	33.75
Barometer.							
At 12 M	29.6	31.2	30.6	30.7	30.3	29.9	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 472.] PHILADELPHIA, MARCH 17, 1866. [Vol. XIV.—No. 11.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

III.

Causes and Nature of Cholera.

The next point in the consideration of this disease is its cause, and the mode in which that cause acts upon the system, so as to produce the various phenomena, which have already been noticed.

The literature of the subject abounds with a variety of theories of the manner in which the cause of cholera acts. One theory is that the disease is zymotic in a certain degree, in other words, that after the introduction of the poison into the system, by a process of fermentation of some sort, a poison is produced like that which was at first introduced, if not in the body of the patient himself, yet in the excretions.

Another very prevalent theory is that there exists during a cholera epidemic, and as its cause, a peculiar condition, the so-called *epidemic constitution* of the atmosphere, which is widely diffused, and acting as the general cause, brings on an outbreak of the disease whenever it meets certain local circumstances and causes, the so-called *localizing conditions.*

Dr. Snow has another theory, according to which the disease is a communicable one in a particular way: he claims that in the alimentary canal of the cholera-patient a poison is produced, which consists of a something capable of being absorbed by or floating in water; that the water of wells and cisterns, during an epidemic, becomes impregnated by this poison and causes the spread of the disease; that a reason why the disease is so much more frequently communicated to nurses and attendants around the patient than to physicians, is because the former are less cleanly, and hence more frequently subject to introduction of this peculiar poison into the system.

In regard to this theory, certain things must be taken in consideration. Dr. Snow claims that the poison is generated in the alimentary canal, and carried by the evacuations and discharges from the stomach and bowels. Now, it is testified to by Schmidt, of Münich, that a man, in a state of intoxication, drank a large beer-glassful of the vomit of a cholera-patient, without being followed by the first symptom of cholera, and physicians of Münich are said to have freely tasted and even swallowed the choleraic transudations, without ill effects.

Again, a noticeable fact in the geographical course of cholera, is that it almost uniformly ascends rivers and streams; thus it ascended the Volga, Thames, Hudson, and the Mississippi. If the disease was propagated by the water contaminated by cholera dejections and evacuations, it is plain that it should descend in its course. In regard to some rivers it may be objected that they are not resorted to for drinking and domestic purposes. But in others which are thus freely used, as for instance the Mississippi, the disease has always travelled up-stream, not down.

Another theory, which indeed may be looked upon as but a modification of the former, is that adopted by several German physicians, which also considers a peculiar poison to result from the discharges of the patients, but not immediately. The cholera discharges, according to Thiersch, are not poisonous at first, but become so, after the lapse of some time, by decomposition and fermentation under an elevation of temperature of at least 50° Fahrenheit. According to facts brought forward in support of this theory, this fermentation which developes the poison in the discharges ceases in about eight days, and then they become inert.

The chief evidence upon which Thiersch bases his opinion is that he fed a number of mice on fresh cholera discharges, and a number on cholera material which had undergone fermentation. The animals fed on the first remained perfectly well, while those that had been living on the fermented discharges were killed by it, under

symptoms resembling cholera, diarrhœa taking place before death, and post-mortem appearances being analogous to those in man. Animals which were fed on old cholera evacuations, after fermentation had ceased, suffered as little as the first.

The logical conclusion, if this theory be true, is that means of disinfecting the evacuations of cholera-patients by chloride of lime, sulphuric acid, etc., constitute a chief and important element of prophylaxis. In support of this, it is stated that there are two prisons in the neighborhood of Münich; in one very strict and energetic measures were adopted, during the prevalence of the disease, to disinfect the discharges of all the prisoners and inmates, and the result was that only *one* case occurred among five hundred inmates; in the other institution, in which no means whatever were adopted of disinfecting the discharges, 15 per cent. of the inmates were attacked.

The evidence in regard to this theory is not yet conclusive; still it deserves attention, and should remain open for further investigation.

Another theory which has been advanced is that the influence of *ozone*, negative or positive, in the atmosphere, is connected with the causation of the disease. There are many quite opposite opinions regarding this theory, and the influence of the presence or absence of ozone in abnormal quantity. Dr. Peters, of Lexington, Ky., during the prevalence of a cholera epidemic, instituted investigations as to this point, and according to his statements, not much change in the ozonic condition of the air could be observed; if there was any change, it was unimportant. The most recent observations probably on this subject are those of Dr. B. W. Richardson, of England. Some of his conclusions as to the facts at present known respecting ozone are stated as follows: It is always present in the air, naturally in the proportion of about 1 part in 10,000; it is rapidly destroyed in large towns, crowded, close, and filthy localities; ozone gives to oxygen its life-supporting properties; its effects are destroyed by great heat; diffused minutely through the air, it produces, on inhalation, distinct symptoms of acute catarrh. When animals are subjected for a long period to ozone in small proportions, the agent acts differently in different animals; carnivora die, after some hours, from disorganization of the blood, while herbivora will live for weeks and suffer from no acute disease. Science has not yet actually *demonstrated* that the presence of ozone in the air can produce actual disease, though the facts approach to demonstration that catarrh is thus produced. During periods of intense heat of weather, the ozone loses its active power. Ozone acts rapidly upon putrefactive organic matter, breaking up the ammoniacal products of decomposition, and hastening organic destruction. In a negative condition of air, *i. e.*, the absence of ozone, the purification of the organic matter is greatly modified, and the offensive products are increased; wounds become unhealthy and heal slowly in such negative air, and though there is no demonstrative evidence that any diseases are actually caused by this negative condition, the inference is fair that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also probable that during this state, decomposing organic poisonous matters become more injurious. And finally, as ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied, in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other measures can be fully effective, unless the air introduced be made active by ozone. Fever hospitals and other large buildings in towns should be artificially fed with ozonized air.

All, however, that is positively known regarding ozone, in the present state of science, is a bare probability that if it exists in certain quantities, it may purify the air. As to its causal connection with cholera, nothing is positively known.

Electricity, too, has been charged with being the cause of cholera; at least it has been claimed that its presence or absence has something to do with its production. A French observer has made a statement that he observed, during the prevalence of cholera, that he could not obtain sparks as usual from an electrical apparatus, and in England it is said to have been noticed that, during a cholera epidemic, a large horse-shoe magnet attracted and held suspended much larger quantities of iron than ordinarily, and that as cholera abated and ceased, its attractive power diminished also.

These and similar observations, however, do not bear sufficient weight to justify any decided conclusions.

Leaving the question as to the influence of ozone, still another theory has been proposed by Dr. Mitchell, who finds the cause of cholera to be a *fungus* or fungoid spores, developed in the earth or in the atmosphere, and introduced into the system by the respiration. In another branch of this theory, the origin and growth of the fun-

gus is placed into the body itself. This theory received a special importance when Drs. Brittain and Swain announced that they had found in the drinking water of London the *cholera fungi*, which were minutely described. At Edinburgh, however, these fungi could not be detected with the microscope, neither in the drinking water nor in the dejections of the patients. Dr. Parker, the microscopical anatomist of the London Hospital, states that fungi of various sorts are not unfrequently found in the intestinal canal of animals and man, but that they are perfectly inert. The strongest reason, however, for discrediting this statement is in the result of the investigations of a committee appointed by the College of Physicians of England, who examined into the matter. They reported that the *rings*, which were described as forming part of the cholera fungi by Swain, were found to be remnants of onions, turnips, and other vegetables; the *oval cells*, also claimed as part of the cholera fungi, were ordinary spores of the rust of wheat or corn, such as are frequently found in bread; and the *disk*, also part of the supposed cholera fungus, had a similar origin. So, on the whole, this idea comes to nought, as well as Dr. Snow's theory, unless further and stronger evidence is produced.

Another view is, that it is produced in a manner similar to yellow fever. This theory claims that there are certain wide-spread conditions, atmospheric or terrestrial, which produce a certain predisposition; and that added to these a special miasm is produced, external to ourselves; a certain poison is liberated in the air, unknown in its nature, intangible, known only by its effects, which will reproduce itself, and so render a whole town infected. This we know of yellow fever, which is not an indigenous disease, but can be kept off by rigid quarantine and strict sanitary rule. In just this way it seems cholera is produced,—by a special poison, a malaria, the production of certain general wide-spread conditions and local influences, but not reproduced in the system.

All these various theories agree in one point, namely, that *there is a poison* which gives rise to the disease, and this is a fact which cannot be disbelieved.

How this poison is introduced into the body cannot be confidently answered. We might assume that it is absorbed through the surface of the skin, the lungs, or the alimentary canal, etc. But, in one way or another, it is introduced, enters the blood, and circulates through the system.

Introduced into the system, the poison of cholera soon begins to act upon *the ganglionic nervous system*. It is true, the examinations made after death, of the centres and nerves of the ganglionic system have not led to constant appearances; and, indeed, they are not found to have undergone marked changes, except occasional softening and enlargement. But still this is the best hypothesis which we can present, as to the manner in which the poison of cholera acts upon the system, and that we can find no decided anatomical lesions, is no real excuse for not accepting it. A thousand changes are produced and observed in the innervation of the organs and tissues of the body, characterized by the most marked phenomena, without our being able to discover any physical appearances in the nerve structure, which would account for them. Certain medicinal substances appear to have specific affinities in their action, to different parts of the nervous system; strychnia, for instance, upon the spinal system, opium upon the brain. Now, in a case of strychnia-poisoning you observe the most fearful commotion of all the muscles controlled by the spinal axis, resulting in death. Still, if you search after death for any marked anatomical lesions in the spinal cord or nerves, none will be found. Thus, again in a person dead from an overdose of opium, though congestion may be found in the vessels and meninges of the brain, the most careful examination will not discover any microscopical changes in the brain-cells or the minute structure of the organ. Thus certain agents, indisputably, exert a powerful action upon various parts of the nervous system, with no accompanying special lesion that can be observed; we might run through the whole of the medicinal articles acting upon the nerves to illustrate this point.

While, then, the absence of pathological evidences after death forms no objection to this hypothesis, there are certain analogies which speak strongly in its favor. The branches or filaments of the sympathetic nerve, which go to the eye, govern and regulate the circulation of that organ; if they are divided or disordered, you observe hyperæmia, ecchymosis, and a series of changes, which finally lead to ulceration and destruction of the organ. So the ganglionic system everywhere, but more particularly in the alimentary canal, governs and regulates capillary circulation. The poison of cholera begins to act upon the ganglionic system, partially paralyzing it, and gradually increasing in its effects during the period of diarrhœa. The blood flows into these vessels in unusual tides, giving rise to

hyperæmia more or less intense, and from which the copious discharges are derived; this goes on until the blood, by the constant drain of its fluid constituents becomes markedly and seriously changed; then follows the disturbance in the spinal system, the cramps and convulsions, which, it is probable, are entirely reflex. The hyperæmia at first does not manifest a tendency which it afterwards shows; but, as it continues, much as in the eye after division of the branches of the sympathetic nerve, assumes an inflammatory character, for we cannot, on looking at the post-mortem appearances avoid the conclusion that there is inflammatory-hyperæmia, or even a certain degree of inflammation. There is, however, no organizable, plastic deposit. The material thrown out, as described in a former lecture, is something like the exudation of diphtheria; and, it may be added here, that this infiltration of granular matter into the intestinal mucous membrane and glands, seems to be almost characteristic of the disease.

Dr. Horner, as early as 1832, noticed and described the detachment and denution of epithelium, and sloughing of portions of the mucous membrane; and he believed the disease to be inflammatory. Pirogoff, too, says that the cholera appearances have great analogy to inflammation.

In summing up the evidence regarding the cause and nature of cholera, it may be stated then, that there is a poison, the exact nature of which is not yet perfectly understood; that this poison, introduced into the system, causes disturbances of innervation, or a sort of paralysis of the ganglionic nervous system; that this leads to extensive hyperæmia of the alimentary canal, resulting in the symptoms described, and to the reflex phenomena alluded to, and as the disease progresses, obtaining more or less an inflammatory character.

Experimental Researches on Epidemic Cholera.

In a memoir presented to the Academy of Sciences, M. A. Baudrimont asserts the following conclusions: That, in cholera, the albumen of the blood is transformed into disastose, and is found as disastose in the dejections; that the presence of disastose, and also of a matter analogous to yeast, is remarkable, as representing the two products successively formed, at the expense of albuminoid matter, during germination and fermentation; that as there is a great resemblance between the alvine dejections in cholera and the pancreatic juice, may it not indicate that cholera is due in great part to a hypersecretion of this fluid, and that it is principally by the canal of Wirsung that the choleraic fluids and the matters they hold in solution pass into the intestine?

Communications.

IS CHOLERA CONTAGIOUS?

By Chas. A. Lee, M. D.,
Of Peekskill, N. Y.

I am much obliged for the favorable notice in the Reporter, of my letter to Dr. Sayre, of New York, on cholera, and your endorsement of the theoretical and practical views therein contained. But you mistake me in supposing that I designed to claim those views as original with myself. They have now, I believe, very generally prevailed for more than ten years in Germany, and among the British army surgeons in India; and have been adopted, to a considerable extent, by our profession in France, England, Italy, and other countries of Europe, to say nothing of practitioners in the United States and Canadas, some of whom, like Prof. Rochester, of Buffalo, have not only held, but publicly taught them for many years past.

Under these circumstances, I did not feel called upon to say that the theory in question did not originate with me, and especially as my letter was not written for publication.

I know "the considerations presented are similar to those of Prof. Niemayer," of Germany, just as Niemayer's are but a simple digest or resumé of those of Profs. Pettenkoffer and Delbruech. It is not very probable that the latter even would claim their paternity exclusively, as they very well know these views have been held by many independent observers in various parts of the world, during the last thirty years. It would, indeed, be the height of absurdity, at this late day, for any one to attempt to appropriate this doctrine as his private property. As well might he pretend that he originated the doctrine of the contagiousness of small-pox, measles, or scarlet fever. I know that Niemayer says "we are indebted for this theory to Pettenkoffer and Delbruech;" that may possibly be the case in Germany, but it is not the case, at least, in India, nor in this country. That such opinions have originated in countries so far remote, and been held by so many independent observers, is *prima facie* evidence of their truth. I believe they will stand the test of the most rigid inquiry. It is the only doctrine which can explain all the facts of the case, and no arguments can be brought against it except *negative* ones, founded, like the theory of "a mysterious atmospheric cause," and "an epidemic constitution of the atmosphere," *on ignorance.* I have called all speculations founded on such assumptions *reasoning ab igno-*

rantiâ—if even it deserves to be called reasoning at all—where *all the facts* known in relation to the history of cholera, wherever it has prevailed, are absolutely and totally opposed to such a theory.

As long ago as 1832, when I had charge of a large cholera-hospital in New York, and where I have had an opportunity, first and last, of treating and seeing treated nearly one thousand acute and severe cases of the disease, I became satisfied that this doctrine of "a mysterious atmospheric cause" was not tenable, and would have to be abandoned for something more rational. For example, cases like the following were of frequent occurrence: A gentleman, who had been exposed to cholera in Buffalo, left for his home in the town of Mount Washington, Mass., situated on the Taconick range of mountains, fifteen hundred feet above the ocean. He reached there the next day, and was immediately seized with cholera in its most malignant form. My brother-in-law, the late L. Ticknor, M. D., of Salisbury, Conn., was called to see him, and staid with him till he died. During his illness, eight of the neighbors came in to see the patient and proffer assistance. Of these, six were attacked with the disease within thirty-six hours, of whom four died. Dr. Ticknor, from whom I soon after obtained these facts, stated to me that he believed there were no other cases within fifty miles, and he could not doubt that the disease was brought there by the gentleman who was first attacked.

Were it necessary, I could multiply such instances to almost any extent, and there is hardly a practical physician in our country, whose observations and experience have extended back to the year 1832, who cannot quote parallel cases. Can a *general* atmospheric distemperature explain such facts? And yet, one of your correspondents says, "A person with Asiatic cholera, if removed from the place where the local causes of the disease exist, to a place where such causes do not exist, can never communicate the disease to another person!" A more unfounded statement was probably never made. There was no "local filth" nor "impure air" on Mount Washington, in the case above given; had there been, the disease would doubtless have extended, and perhaps become epidemic, as in other instances where these conditions are met with. As it was, those only were attacked who were about the patient, and who were exposed to exhalations from the evacuations, etc. Indeed, nothing seems to me more unphilosophical than this old worn-out theory of a "mysterious epidemic constitution of the atmosphere." It has served no other purpose as yet than an apology for ignorance. Without a single fact to support it, it has only been used to involve the subject in mystery, and to prevent the adoption of the only effectual means against the introduction of the disease into a country, viz., by the establishment of an effectual quarantine. Spain succeeded, in 1854, by a most rigid system of quarantine in all her ports, in wholly excluding cholera from her limits, and it was the only country in Europe that did succeed or that had a quarantine deserving the name.

"We suppose," says your correspondent, "the cause to be in the atmosphere, because it is so wide-spread, exerting its influence over a great extent of territory at the same time." Indeed! Why then are the crews and passengers of ships at sea never attacked with cholera except they come from places or ports where the disease prevailed? Passengers from Paris, sailing from Havre, having been exposed in the former city to choleraic poison, as in the case of the *Atalanta*, are attacked soon after coming on board, and the disease rages in a most fatal manner among the steerage passengers, while not one in the first cabins, though exposed to the same "mysterious atmospheric cause," is attacked. I say this view is unphilosophical, because we are never justified in seeking for more causes than are necessary to explain any given phenomena. This *Deus ex machina* in the present case is worse than a fifth wheel to a coach, for it seriously obstructs the progress of our knowledge, inasmuch as it removes all motives for inquiry. It might have sufficed for the dark ages, when men not only courted *mystery*, but were satisfied with nothing else.

When I am told, that "without some such mysterious atmospheric influence, we can never have an epidemic of any disease," I ask for the proof. "O," it is replied, "it is *mysterious;* we know little or nothing about it, but you may rely upon it, *it is so;* it must necessarily be so; it is the theory generally adopted!" So it comes to this, we have a theory "generally adopted," and therefore we are bound to receive it! How much more simple, and more consonant with the facts of the case, to admit the presence of *a choleraic virus, or poison*, generated, if you please, under unknown conditions in the far east, propagated in some way, only by human intercourse, and following, chiefly, the great routes of travel; uninfluenced by winds; but requiring, for its epidemic prevalence, an impure atmosphere, and all those influences which lower the vital forces, and impair the general health; travelling, in no in-

stance, any faster than ships and men travel; deviating, here and there, from the main routes; just as men deviate in their travels; but never spreading to any alarming extent in a pure air; in this respect, resembling typhus fever, small-pox, dysentery, and many other infectious diseases; never invading a country, *broad-cast;* as it should in all cases, if dependent on a "general epidemic constitution of the atmosphere;" but creeping slowly; now here, now there; sometimes attacking a town or village on one side of a stream, and passing over another on the opposite bank, to all human appearance, equally exposed; prevailing in some localities, squalid with filth, and overcrowded with population; while others, perhaps not far remote, and with an atmosphere equally loaded with organic matter, and even more unfavorably situated as to elevation, ventilation, and the character of the buildings and population, entirely escape. How are such facts to be explained on the theory of a "general atmospheric cause?" Even if we should admit that the disease was caused by some "unknown constitution of the air," we should have to concede, also, that it is propagated, and prevails, to a certain extent, independently of an epidemic concurrent influence. We admit, that it is aggravated by certain states of the air; as great humidity; the presence of animal and organic matter, and putrid exhalations, etc.; and it is only when these conditions are present, that the term *epidemic* is strictly applicable to the disease.

Some diseases are simply infectious without being epidemic; others are both infectious and epidemic; others are epidemic, and only contingently infectious; but cholera, like the eruptive and typhoid fevers, is *infectious*, and not essentially, epidemic; except under those favoring conditions of the atmosphere above mentioned. In other words, it is a specific disease, arising from a specific cause, but promoted and disseminated by the aid of various concurrent causes; among which, impure states of the air; dirty, crowded, and close apartments; crowding of the sick; and and a high dew-point, are the most prominent.

Your correspondent states that "an innumerable multitude of facts might be given, which would prove, *negatively*, that cholera is not contagious." Negative proof can never outweigh that which is positive. Besides, this statement is believed to be utterly without foundation. I have, for thirty years, diligently tried to find one such case, well substantiated, but without success; while we have scores of instances where the inmates of establishments completely isolated, have entirely escaped. As to the other negative facts, showing that cholera is not contagious, they would equally prove that no disease, whatever, is contagious. So many, indeed, escape the infection of measles and scarlatina, who have been exposed to these diseases, that some of our standard medical writers doubt whether these can be properly called contagious diseases.

I am aware that the above views are, on some points, at variance with some I formerly entertained and published to the world. But I suppose we are all at liberty to correct and change our opinions, as we grow older, and as I would fain hope, better informed also. At any rate, I have no pride of opinion on this, or any other subject, that I am aware of; and am ready to be convinced and renounce my views, *instanter*, if any one will only present sufficient evidence to outweigh that, which I believe, can be arrayed against him.

SMALL-POX IN MOBILE, ALABAMA.

By H. J. Phillips, M. D., U. S. A.

Surgeon-in-Charge of Post Hospital.

About the middle of September, 1865, *variola confluens* made its appearance as an epidemic in the city and environs of Mobile, amongst the troops stationed here, although the freedmen and some citizens were attacked some time previously. The first case noted in the records of the Post Hospital occurred on the 11th of that month. The small-pox hospital is a branch of the U. S. Post Hospital, and is situated about two miles from the city, in a field; it is an ordinary southern house, but is well ventilated, and on rising and dry sandy ground. It contains about sixty beds. From the above-named date, to the 31st of January, 1866, sixty-three cases have been admitted, of which fifteen have died; of the entire number, only seven were white soldiers, the remainder being U. S. colored infantry men. No deaths occurred amongst the whites. The shortest fatal case was three days, and the longest twenty-seven. It will be noticed from the above statement that the deaths were about twenty-four per cent. One patient had had the disease before. An order was issued to the different surgeons of regiments to have the men vaccinated, and this I believe was carried out as far as practicable, but probably a great number were not vaccinated (detailed men, and those on guard, possibly having been forgotten.) This fact rendered it difficult to obtain any exact statistics with regard to vaccination. About five hundred cases have occurred amongst the inhabitants and troops in and around the city to the end of January, of which num-

ber about one-eighth was amongst the soldiers. Death took place generally about the tenth day. As far as the whites are concerned, the epidemic cannot be looked upon as confluent, although it is decidedly so with regard to the negroes. No malignant cases (nigra) have been seen, but several were complicated with buboes, (let it be understood I am now speaking of the disease as it occurred among the troops.) The colored race seem particularly liable to variola. Their mode of life and habits conduce greatly to this susceptibility. They are dirty in the extreme, and crowd together in badly ventilated dwellings, and although they do not do this so much in camp, still, on going out on leave, they soon flock to the huts of the freedmen, and there catch the disease. This accounts no doubt for its greater prevalence among the blacks. Cold weather seems, as usual, to aggravate or rather increase the epidemic, because windows are then closed, and the poison concentrated. The antiphlogistic treatment has been adopted, and with the greatest success.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Wednesday Evening, Oct. 25th, 1865.

Cholera—(Continued from page 179.)

Dr. George Hamilton alluded to the unusually large attendance of members as an indication of the importance of the subject for discussion, and of the interest felt in all that pertains to the fatal disease with whose approach we are now threatened. Asiatic cholera, like all other diseases characterized by profound venous congestion, is excessively fatal; so much so, that of those violently and suddenly attacked, about one-half perish, and of these, one-half terminated in twenty-four hours from the moment of invasion. Much of this mortality is doubtless unavoidable, partly in consequence of the intemperate habits and broken constitutions of those assailed. Yet, the want of success in the management of cholera is perhaps, in part, owing to its ill-defined pathology, and, in part, to a degree of timidity in encountering popular prejudice in the treatment of the disease.

Whatever diversity of opinion may exist in reference to the primary cause and intimate nature of cholera, one marked pathological condition—profound passive congestion—is obviously present in nearly every violent attack, as is evident from the coldness of the extremities, sometimes of the tongue, tips of the ears and nose, purple color of these parts, and very small feeble pulse, in some cases nearly imperceptible in a few hours after the attack, though the subject may have been of robust constitution. In this condition of the organism, the vital functions are in a measure suspended or perverted; the secretions nearly cease, and the profuse watery discharges from the stomach, and more particularly from the bowels, are colorless; showing the absence of bile; and as the reappearance of this secretion is one of the harbingers of returning health, the efforts of physicians have perhaps been more generally directed to the restoration of the biliary secretion than to the fulfilment of any other remedial indication. In many cases, these efforts have failed to accomplish the object desired. Nor is this surprising, in view of attempting to restore the secretion of bile by acting directly upon the liver, without due regard to the actual condition of that organ as dependent upon the general pathological condition of the entire system.

The congestion of cholera is of too much significance to attempt to sever its connection, however obscure, with the exhausting serous discharges that more especially arrest our attention, and call so urgently for relief; and it must be borne in mind that many fatal cases of cholera have occurred in the East and upon the plantations of Louisiana, without the usual serous discharges. So long as the heart, lungs, and spinal marrow remain passively congested, so long must every portion of the organism partake of this condition.

Now, it so happens that the more active functions of the animal economy are carried on, more especially, in the arterial system, the venous being rather subsidiary. But, in the case before us, the arteries carry but a modicum of the blood necessary for the support of these functions, and this blood, unfortunately, is found to be almost identical, in its dark and carbonized appearance, with that contained in the veins. That the liver, or any other secretory organ, should continue to yield its appropriate and normal secretion, presupposes that it be furnished with its accustomed normal material and nerve-power; yet this is impossible, pending the condition alluded to.

Again, during the violence of an attack, the stomach is nearly always incapable of receiving or retaining food; digestion is almost gone, and consequently no occasion for the free secretion of bile seems to exist; yet the gall-bladder has occasionally been found, after death, filled with bile, whilst the discharges from the bowels were almost without color. Under such circumstances,

we believe it is not desirable to attempt a forced secretion of bile by the use of calomel in oft-repeated small doses, as is so often done, and, as we are disposed to think, frequently without success; and believing, as we do, that such treatment is too slow in its operation to meet the exigencies of a threatening case. If called to such a case, one of the first objects should be to produce reaction of the vascular system; that is, to restore a normal circulation of blood to the arterial system, for in so doing, we aid in restoring lost temperature, lost secretion, lost nerve-power, and lost function of every kind.

But what are the means most likely to accomplish this important object? If we refer to the practice of many of those who have had most to do in the treatment of Asiatic cholera, we shall find that no single measure has produced more benefit than venesection, when judiciously directed and supported by other concurrent treatment. Yet, this measure is one of the most unpopular, at the present time, either in or out of the profession, that could be proposed, and is consequently not likely to receive that consideration which the experience just alluded to would seem to demand. As a rule of practice, in reference to disease in general, we would reprobate the use of the lancet; believing that fever and inflammation, the more usual manifestations of diseased action, are in themselves eliminative, or reparative, or both. Yet, this view affords no rational ground for the rejection of venesection in those profoundly passive congestions in which arterial reaction must soon be re-established or the vital principle must be stifled in its very fountain head, and source. Whenever, then, cholera suddenly and violently assaults the robust, and presents the condition referred to, blood may be drawn, the finger of the physician, at the time, resting upon the pulse, as a guide. To suppose, as is often done, that the abstraction of a few ounces of blood, so carbonized as to be almost unfitted for the purposes of life, if not positively deleterious, would depress the strength of the patient, is, we think, both illogical and contrary to experience. Before or immediately after venesection, an emetic of ground mustard and water should be given, and this will serve, by its stimulating effect upon the whole system, to aid in the restoration of the arterial circulation and animal heat. This may be further promoted by the use of stimulants; such as carb. ammoniæ, or spirituous liquors, where these do not seem to disagree with the patient. The greatest possible attention should be given to prevent or remove the coldness of the extremities, as this coldness, accompanied as it generally is with an excessive and cold perspiration, is in itself capable of depressing still further the already wasted vital power. To succeed in this requires that the cold perspiration be constantly wiped away by heated flannels, and the limbs rubbed incessantly by strong hands and willing hearts. To arrest the exhausting discharges and alleviate the cramps that so commonly torment the patient, is no easy task whilst a profound congestion exists; yet much benefit often accrues from the liberal use of morphia in camphor-water, or pills of opium and camphor, or aromatic tinctures, or at times creasote. These and many other articles, generally of a stimulant or astringent character, having often been tried in vain, a large dose of calomel—15 to 20 grains—has in many instances, probably from a decided and peculiar impression upon the nervous coat of the stomach, promptly arrested both vomiting and purging. Frequent rising from bed, for the purpose of going to stool, should if possible be avoided, and it would, in fact, be best to instruct the patient that, as he values his safety, he should resist to the uttermost the solicitations to the frequent use of the stool.

Dr. Robert Burns said that he had felt exceedingly interested in the discussion from its commencement. In treating the disease in 1832 and 1849, he adopted the practice just described by Dr. Hamilton, and was not aware that that gentleman had pursued it, though he himself had carried it out, particularly in 1849. When the cholera broke out in that year, he reflected seriously as to what course ought to be pursued in its treatment, and endeavored to form for himself some pathological idea which should guide him in his practice. While meditating upon this point, he was himself seized with cholera at midnight. A deathly sickness pervaded the body; but with the assistance of his wife, he succeeded in taking from his arm some sixteen ounces of blood. The feeling of relief which followed that *venesection* was one never to be forgotten. The skin had been cold and cramps were coming on, but the moment the blood flowed, immediate relief was felt; he then took a dose of calomel and opium, followed by castor oil, and in a few days had completely recovered. This course he afterward pursued in every case.

In looking over his books recently, he saw there some two hundred cases of cholera, and expressed his entire confidence that out of all the cases of this disease coming under his notice that season he did not lose six. But while practising venesection freely, he did not omit other neces-

sary measures, but persevered in them, particularly in inducing general warmth by frictions and other means. If he arrived in time, that is before the collapse, he invariably bled the patient.

He then related somewhat in detail, cases to which his attention had been directed as being remarkable. He was sent for by a lady, aged about sixty-five, and found her cold, in a clammy perspiration, having corrugated fingers, with lividity about the lips and extremities, vomiting, and rice-water discharges. He dreaded doing anything for her, as he scarcely thought there was a possibility for any treatment to be successful. However, after friction was applied and a warmth created in the extremities, he resolved on opening a vein as a *dernier resort*, because of the apparent fact of congestion in the large venous trunks or overloading of the lungs with venous blood. If the heart could be made to perform its office, at the same time keeping up the use of stimulants, there would be some prospect of success. When the vein was opened, a drop of dark blood appeared at the orifice. By continuing friction to the arm, leaving the ligature tightly on, yet not so as to interfere with the arterial circulation, and using friction to the distant extremities, at the same time persevering with the use of stimulants, the blood came faster, drop by drop, till after the expiration of half an hour, it quickened into a small stream. It then continued to increase, the pulse rose, the lividity of the surface passed away, and before he left her, the pulse was active and the warmth of the body much increased. The old lady finally got well, and he believed was still living. In this case, about fourteen ounces of blood were taken.

In another instance, a young man was attacked with the most severe convulsions; every muscle of the body appeared to be convulsed and drawn into knots; and to all appearances the man was dying. Upon his arrival he found considerable pulse, sufficient to justify venesection. The patient was freely bled, and in the course of fifteen minutes he was perfectly quiet. The doctor then gave him, every two hours, one grain of calomel and one-fourth of a grain of opium; and to the astonishment of all, the patient became perfectly calm. On the following day, he was under the necessity of taking a little more blood, the reaction having become too high. That man recovered speedily and perfectly.

All the secretions being obstructed and perverted, and in consequence of the density of the blood, the lacteal fluid in the thoracic duct was incapable of entering the subclavian vein, hence that fluid became incapable of entering the blood, and by an exosmotic action, the rice-water discharges took place; by venesection, the heart and large venous trunks were relieved, and the chyle was again enabled to enter the circulation.

In conclusion, he expressed himself in favor of the more free use of the lancet, and thought the profession had yielded too much to the popular ideas of the day, in failing to use that instrument. The lancet furnishes the medium for relieving congestion, checking inflammation, and causing the arterial circulation to increase in a depressed condition of the system, relieving the venous congestion and producing a more healthy condition of the system.

[To be continued.]

NEW YORK ACADEMY OF MEDICINE.

Cholera.

At the last meeting (March 7th) of the Academy, the subject of cholera was continued.

Dr. Adams alluded to the treatment of the disease by the spinal ice-bag, the effect of which is claimed to consist in the diminishing of hyperæmia of the cord, and hyperæsthesia of the nerves. He asked for information regarding the subject.

Dr. Bulkley stated that during the epidemic in 1832, in Paris, where he was at the time, this was one of the methods of treatment used; not in the form of bags exactly, but the application of ice along the spine, and hot applications over the abdomen.

None of the gentlemen regularly announced to take part in the discussion of the evening being present—

Dr. Sayre was called upon to make some remarks. He stated that the subject was too important to be allowed to go by default, and then went on to discuss at some length, the questions of the portability of the disease, and the necessity of quarantine. He quoted, as an example, how views regarding these matters have of late been changed, the recent report of Dr. Read, of Boston, to the authorities of that city, in which that gentleman, in direct opposition to his former reports, fully endorses the theory of the portability of the cholera poison, and advocates strict quarantine. He expressed the hope that the Academy would use their influence with the general government for the establishment of a uniform quarantine.

Dr. Harris acknowledged that there was evidence of the portability of one or the other of the causes of cholera.

(Further remarks, unimportant, however, were

made;—nothing new was elicited, which is not contained in the lectures of Prof. Clark, now in course of publication in the Reporter.)

PATHOLOGICAL SOCIETY of NEW YORK.

(Meetings of February 24th and 28th.)

Encephaloid Disease of Testicle.

Dr. Hutchinson presented a specimen of encephaloid disease of the testicle; no hereditary disease could be traced in the patient, and his virile powers had always been good. From his account, it appears that one of his testicles had never fairly descended, but remained lodged just external to the inguinal canal. No inconvenience, however, resulted from this, until, some time ago, he received a blow upon the tumor by running against something, when it commenced to be painful, and to enlarge, until it obtained to the size of half a small cocoa-nut. An exploratory operation was followed by extirpation of the tumor, which proved to be medullary cancer.

Urinary Calculus.

Dr. Finnell presented a urinary calculus which a man had passed, measuring in its three dimensions respectively, $\frac{3}{8}$, $\frac{1}{2}$, $\frac{5}{8}$, of an inch. Its passage from the kidney to the bladder had given the patient much more pain than its passage from the bladder through the urethra.

Dr. Hamilton remarked that oil of turpentine had been found a most efficacious remedy in renal and urinary calculi.

Inflammation of the Brain, subsequent to Exostosis from the External Ear and Necrosis.

Dr. Agnew gave the particulars of a patient who had died in consequence of a general inflammation of the brain and membranes, with effusion of sero-purulent matter, the result of previous ostitis with necrosis, sequestration and exfoliation of the entire internal ear. A remarkable feature of the case was, that the patient did not take to his bed until forty-eight hours before death, and retained sufficient consciousness and strength twenty-four hours before death to go to the water-closet, although the post mortem appearances indicated that the cerebral inflammation must have been existing at least ten days before death.

Cystic Disease of Lower Jaw.

Dr. Spear presented a specimen of bony tumor removed from a girl, fourteen years of age; it had been attached to the right ramus of the inferior maxillary. It was first observed about a year ago, presenting the form of a small cystic tumor; a dentist was consulted, and an incision made, which gave vent to a semi-fluid, fetid substance, after which the parts were syringed out from time to time, and pressure applied by means of a pad and elastic band. This treatment was continued for some months without effect, the tumor distending rather than diminishing. A short time ago it was decided to remove the diseased mass, which was accomplished, the patient being under the influence of ether, by an intra-oral operation; on removal of the tumor, it presented the appearance of non-malignant osteo-sarcoma.

Gun-shot Wound of Skull—Death.

Dr. Spear also presented a specimen of gun-shot wound of the cranium. A man, 31 years of age, had fired two loads of a revolver into the vicinity of the right eye suicidally. He was entirely conscious after the injury. One ball had broken the external angular process and lodged in the temporal fossa, the other had entered the malar bone, fractured the orbital plate of the frontal bone, and was found imbedded in the superior maxillary. He remained conscious nearly until the last, and died of meningitis, the brain being the seat of somewhat extensive sero-purulent effusion. Spiculæ of bone from the orbital plate were found to have entered the membranes of the brain.

Fracture of Skull—Trephining—Recovery.

Dr. Reynold presented specimens of the case of a boy, nine years of age, who about a month ago had fallen a depth of seventeen feet, striking his head against stone steps. There was a large gash, with indentation of the skull in the region of the temporal bone of the right side, the gash extending to near the ear. The patient was perfectly unconscious, and at first thought to present a hopeless case. But, on consultation, it was thought best to operate. The trephine was applied, the spiculæ removed, leaving, after the operation, an oval opening one inch, and an inch and a half in its diameters. The dura mater was found uninjured. Water-dressings were applied and the case left pretty much to nature. The boy recovered. The parts now present the sensation, to the touch, of a fontanelle. The operation was performed two hours after the accident.

Cysts Removed from Coccyx.

Dr. Buck presented cysts which had been removed—one subcutaneous—from a young woman, 20 years of age. She remembers having had a lump in the coccygeal region since her fifth year, and which, since last summer, had rapidly increased. On examination, being found fluctuating, it was incised and discharged twenty-two ounces of serum and pus. The cysts were dissected out, and on removal disclosed the coccyx. A smaller tumor, the size of the phalanx of the thumb, was also removed.

Trephining for Pus below the Dura Mater.

Prof. Hamilton presented specimens of the following case: In the fall of 1864, a young carpenter had been struck on his head, the blow being received on forehead of left side, and causing a fracture of the skull, both of the inner and outer table. There was no complaint, and the patient went about as usual, until after the lapse of twenty-one days. Then convulsions set in and he became almost senseless, the wound appeared to be a little swollen, as if pus were present. Forty-two days after the injury, he had become perfectly comatose, pulse 40, retention of urine, involuntary discharges, etc., and it was decided to trephine, especially as one side of the bone appeared depressed to a sharp point. A crucial incision was made and flaps dissected off; the bone was found necrosed and taken out, when it was found that the dura mater had also been depressed and communicated to the touch, below the seat of injury, the feeling of fluctuation. This fluctuation being perfectly distinct, the dura mater was incised, when about four ounces of dark coagulated blood, very offensive escaped, after which the flaps were brought together and cold-water dressings applied; soon the patient aroused and asked for something to eat. With the exception of some hernia cerebri, which was cut off, the case progressed favorably, and when last heard of, in 1865, the man was perfectly well. The case was interesting, as showing success of trephining for pus under the dura mater.

Editorial Department.

Periscope.

Human Horn.

Dr. Silas Durkee reports, in the *Boston Med. and Surg. Journal*, a case of *human horn*, (*cornu cutaneum*, of Rokitansky.) The horny excrescence growing on the right forehead, had existed (Dec. 24, 1864,) for the past six years in a patient, a female, 92 years of age. It commenced as a small hard pimple, rising just above the adjacent skin, and situated about an inch above the outer portion of the eyebrow. For three or four years it increased very gradually, and never caused much inconvenience, unless accidentally struck or brought in contact with clothing. When seen by Dr. Durkee, it had a broad base, $4\frac{7}{8}$ inches in circumference, was of conical shape, inclined downward, like a ram's horn or the beak of a bird. Its length along the upper curve measured $3\frac{7}{8}$ inches. It was easily movable and not attached to bone. For the first half inch from its origin, it was soft and pulpy to the touch, consisting as it did, of an accumulation of concreted sebaceous matter confined in the dilated sac of a sebaceous duct. It bulged out and served as a sort of cushion or shoulder for the portion above to rest upon. The latter was hard and unyielding under pressure. It was rough, and longitudinally ribbed, and marked by several irregular depressions. It had apparently a fibrous structure, the arrangement of its cells being parallel to its length. It tapered to a blunt point, bent downward and backward until it came in contact with the inferior portion one inch from its base. The color was of a dirty-white. In the early part of May, 1865, inflammation around the base began to increase, and a poultice, composed of the powdered root of hydrastis canadensis, was applied for several weeks, when the hard dense part of the horny texture was cast off. Subsequently, the impacted sebaceous matter enlarged the aperture of the soft follicular sac which constituted the base of the indurated mass, a still higher inflammation set in, followed by ulceration, which spread rapidly, destroying the walls of the hypertrophied sac. The diseased action assumed in all respects an unfavorable character, and is now (Dec. 13, 1865,) doubtless an epithelial cancer, covering a large portion of the forehead and yielding an exceedingly offensive discharge.

The patient has had two children, both of whom are living, one 75, the other 70 years of age, and both exempt from the malformation. Her grandmother had a cutaneous horn in the same locality with the one in the present instance, and which, Dr. D. was informed, terminated in a cancer, the woman living, however, to the extreme age of 96 years.

These tumors consist chiefly of albumen, a small quantity of mucus, phosphate of lime, chloride of sodium, and a trace of lactate of soda.

Prof. Wilson has collected 90 cases, of which 44 were females and 33 males; in the remainder, sex not mentioned. Of these, 48 seated on the head, 4 on the face, 4 on the nose, 11 on the thigh, 3 on the leg and foot, 6 on the back, 5 on the glans penis, and 9 on the trunk of the body.

The most remarkable case on record is that of a Mexican porter, whose horn, situated on the upper and lateral part of the head, was fourteen inches in circumference around its shaft, and divided above that point into three branches.

By the early application of alkaline or common water dressings, these growths are easily detached from the inner surface of the follicular tumors from which they spring, and by the use of caustics to the sac, the further abnormal cell-development can usually be arrested.

Bloodletting in Pneumonia.

Dr. D. W. Young, of Aurora, Illinois, in an article in the *Chicago Medical Examiner*, concludes by urging that since bloodletting robs the blood of its vivifying and nutrient materials, by removing its red corpuscles, its globulin, hematin, phosphorus, fat, and potash salts, it compromises the constitutional powers of the patient; and inasmuch as we possess other equally efficacious remedies, wherewith we can accomplish the same results equally quick, without thus robbing the vital current of its life-supporting properties, therefore bloodletting in uncomplicated cases of pneumonia is *unnecessary, uncalled for, and can only be justifiable in very rare and extreme cases.*

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 17, 1866.

INFANTIPHOBIA AND INFANTICIDE.

It would be a matter of high social interest to determine accurately—if it were possible to collect statistics regarding a matter so involved in secrecy—to what extent infantiphobia, which has lately been discussed in these columns, gives rise to infanticide, and criminal abortion. Without any idea that the statement is applicable to this country, or even to those localities here, where these crimes most prevail, it is proper to state that in regard to London, the opinion has been expressed, that of every thirty women met with in London streets, one had committed infanticide.

There are, of course, no fixed data upon which any opinion on this subject can be based. Our only means of approximating the extent to which these crimes are practised, are in the observation and casual knowledge which come to the physician in the course of his practice. And, discussing the subject with some gentlemen of the profession, since the article alluded to was published, we have been convinced that rather than having exaggerated the prevalence of these crimes, they probably are much more common than one might think.

What is the most shocking in the general experience which we have heard expressed by physicians is, that the crime of abortion is more prevalent among married women than among the single, and that the only reason given by them for killing their own offspring, and making their bodies dens of murder, is the *inconvenience* of having children. There is no plea of inability to raise children on account of poverty, but in the great majority of cases, the simple desire not to be bothered by babies, and not to be prevented by fulfilling maternal destiny, from running about town, visiting friends, dressing finely, and attending parties, theatres, balls and the like, is the only reason given for these abominable deeds. This is certainly carrying the law of convenience as far as the devil could wish.

In a very interesting discussion which recently took place in the Harveian Society of London, on the medical aspects of prostitution, among the causes of prostitution mentioned by Dr. Drysdale are two, which, as far as we know, form the two main causes of criminal abortion among married women—*vanity* and *idleness*. The desire to follow the vain occupations of fashionable life, to preserve youthful appearance, to be unencumbered by those household duties which the presence of children brings with them, are freely acknowledged as the motives. It is not the fear and dread of the pains of labor;—if that were the only motive, the habit of abortion among married women would be found among all classes of society, at all times, and in all countries; but they are willing to undergo, and freely expose themselves to as much suffering and danger of health or life, and even more, in order to kill their offspring, as they would have to bear in giving birth to the living.

It is proverbial that, if we may be allowed the expression in this democratic country, where everybody is everybody's equal, or claims to be, the lower we descend in the social scale, the greater we find prolificacy. The largest families of children are found, not among the wealthy, the aristocratic, the upper classes of society, but among the poor, or if not the absolutely poor, among the laboring men, the mechanics, the small farmers. And if we except, of course, criminal abortion among the comparatively small number who resort to it to cover the results of illicit intercourse, we find that the crime becomes more and more frequent as we ascend the social scale. Women, whose husbands are well to do, who can better afford to bring up a dozen children, than the poor Irish washer-woman one, are generally the ones who habitually resort to criminal means to prevent increase of family.

Mr. J. S. Mill, in his "Principles of Political Economy," in speaking of poverty, prostitution, etc., makes use of these words: "that little advance in morality can be expected until the production of large families is looked upon in the same light as drunkenness;" than which a more unstatesman-like and foolish doctrine, it has never been our fortune to meet. A political economy which is founded on the assumed theory that children are an evil, deserves to be execrated. There are, it is true, political and social circumstances which govern England, and European countries generally, that render the production of large families among the poor an evil. But none of these circumstances and institutions upon which they depend, are beyond the reach of *reform;* and if one half of the sums expended for the sustenance of government institutions, which, as a whole, do not bestow the smallest benefit upon the people, were applied to educational purposes and the care of poor children, a complaint that children are an evil would never be heard again. An absurdity like this, in our country, is out of the question, where all political economists, especially at the present time, agree that the great desideratum is laboring

force, to till the soil, to develop our resources; and when we hail as welcome every shipload of emigrants to aid us in adding to the wealth of the nation, surely the woman who negatively aids in depopulating the country by killing her offspring, cannot in the broad light of political economy be considered else but a *public enemy*.

From whatever stand-point this matter is considered, either moral or social, we come back to the cause, and the possible prevention of the growing evil. There is, however widely we may search for at least some extenuating circumstances, no cause to be found for the existence of the crime in our midst, and its spread, except *misdirected, perverse female education*. We know that it is very fashionable now-a days to talk of the rights of woman. But of what benefit will all legislative protection to secure woman work and proper wages be, if you continue to educate her in the belief that *idleness is her destiny;* that the first duty of the girl is to become a young lady, and get married; that no woman can be a lady who does her own household work, and unless she has a squad of servants about her? *There* is the bottom of the evil, plainly. We must knock out the bottom, if it is to be abolished. Educate girls to consider household work a duty and a pleasure, and to look upon married life as something else than hours of idleness, and you will find happier homes, merrier firesides, and fewer victims of criminal abortion and infanticide.

The subject is one of the first importance. There are many of the profession whose experience and observation could throw light upon the manner and extent with which these crimes are practised. Let them speak out.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

IV.

Surgical Operations.

So far, 13,397 amputations for gun-shot injury have been examined and recorded, and the final results ascertained in 9705 cases. We omit the less important, and only give some of the most striking deductions. The returns corroborate the conclusions of Depuytren, Malgaigne, and Legonset, who combat the disfavor into which this operation has fallen. It was done unfrequently during the late war, but 19 cases recorded, in all of which the ultimate results have been ascertained; all terminated favorably. "The success," says Surgeon Otis, "of Talleron and other French surgeons with this operation in the Crimea, is well known. Whenever, then, it is impracticable to amputate the forearm, disarticulation at the elbow should be preferred to amputation of the arm. The oval method answers the purpose best in this locality."

Of 1949 amputations of the arm, of which the results are ascertained, 1535 recovered.

Amputations at the Shoulder-joint.

The number of cases of amputation of the shoulder-joint reported is less than the number of cases of excisions of the head of the humerus, which latter operation was probably adopted in nearly all the cases in which it was admissable. Of the 237 terminated cases, 93 died, a ratio of mortality of 39.2.—6.7 per cent. greater than in excisions.

Amputations of the Leg.

Results ascertained in 2348 cases. Mortality 26.02, probably to be augmented by further examination of the returns.

Amputation of the knee-joint has been frequently performed. The returns to October, 1864, give 132 cases, of which 52 recovered and 64 died. In 6 cases, amputation of the thigh was subsequently performed, with 3 recoveries and 3 deaths. Of 49 cases of primary amputation at the knee-joint, 31 recovered and 16 died, while 2 underwent re-amputation, of whom 1 recovered and 1, a scrofulous subject, died. This gives a per centage of mortality in primary operations of the knee-joint, of 34.9. The mortality in primary amputation of the lower third of the thigh is much larger than this, and Hudson and other manufacturers declare that the stumps from the operation at the knee-joint give a far better base of support than can be gained in thigh stumps.

Amputations of the Thigh.

In 1597 terminated cases, 568 recovered and 1029 died, or 64.43 per cent., which is within a fraction of the mortality after amputations of the thigh in the English army during the latter part of the Crimean war. In the French army in the Crimea, the whole number of amputations of the thigh for gun-shot injuries was 1666, of which 1531, or 91.89 per cent., terminated fatally.

Of these 1597 amputations, the date of operation is ascertained with precision in 1061. Of these, 423 were primary, and 638 intermediate or secondary. The ratio of mortality was 54.13 in the former, and 74.76 in the latter.

Amputations at the Hip-joint.

Of 21 cases reported, 3 recovered. The rest died, respectively, in 20 minutes, before removal to the ward, a few hours, less than an hour, an

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

hour, less than 2 hours, 10 hours, less than 1 day, 1 day, 1 day, 1 day, 2 days, 4 days, 5 days, 8 days, 9 days, 19 days.

One of the most remarkable cases of successful hip-joint amputation on record is Dr. Shippen's case. Private James E. Kelly, Co. B, 56th Pa. Vols., 28 years of age, wounded, April 29, 1863, below Fredericksburg. A conoidal musket-ball, fired at a distance of about 300 yards, shattered his left femur. On consultation, ex-articulation of the femur was decided upon and performed by the single flap method, with little loss of blood. The patient progressed favorably in tent-hospital. By May 28th, all ligatures had been removed. June 15th, the patient was captured by the enemy and removed to Libby Prison. Up to this date there had been no bad symptoms. July 14th, he was exchanged and sent to U. S. A. General Hospital at Annapolis, much exhausted by profuse diarrhœa. Internal portion of the wound had united, but external portion was gangrenous. This yielded on application of chlorinated soda lotion. Dec. 23d, wound had entirely healed, and the patient was discharged. January 12th, 1865, he reports himself as in excellent health.

Another successful secondary case is given—Dr. Packard's—the details of which we have recently given in our Periscopic department. Another successful secondary case is not included in the tabular statement, as it resulted from disease of the femur in consequence of amputation for injury by a bayonet wound of the knee-joint. The operation was performed by Surgeon Alexander B. Mott, U. S. V.

The total number of hip-joint amputations for gun-shot injury, including primary, intermediate, and secondary cases, recorded up to the late war is 82, of which 74 died and 8 recovered, or nearly 10 per cent., while the recoveries in the 21 cases of this war are 14.3 per cent. Since the report was put in print, two additional secondary cases have been reported. In one case, the patient died, four months after the operation, of pulmonary tuberculosis: in the other case, the patient was in a satisfactory condition thirteen months after the operation. The experience of M. Jules Roux in the Italian war seems to prove conclusively that secondary amputations at the hip-joint are less dangerous than primary ones, and early amputations at the hip-joint seem admissable in military surgery only in three conditions: when nearly the entire thigh is carried away by a large projectile; when the totality of the femur is destroyed by osteomyelitis, and possibly when, with comminution of the upper extremity of the femur, the femoral vessels are wounded. The anterior single flap procedure has of late been generally preferred.

A REPLY FROM DR. ELLSWORTH.

Our notice of Dr. P. W. Ellsworth's Essay upon the Trinity, has drawn from him an interesting reply, which only the pressure upon our columns of more strictly medical matter prevents us from inserting in full. So much of it as pertains to the *physiological* argument we will give in his own words. We repeat that, in the critical discussion of the theological question, we consider him to have the decided advantage over his opponents; that his argument does not *need* the support of the physiological theory which he advances; and we may add, that while we cannot agree with him that the comparative physiology of generation affords anything positive in favor of his train of reasoning, it still in no way contradicts the view advocated by him, that one mental or spiritual nature only can belong to a conscious individual being, who can use the pronoun *I* consistently.

The following is the physiological part of Dr. Ellsworth's reply:

"'In some animals there is no obvious distinction between the sexes,' therefore I am in error in the 'assertion as to the difference between the male and female endowments in reproduction.'* You will observe that I do not say that point is positively proved, but that 'there is good evidence for the belief.' But if disproved, it cannot damage the theory, as we *know* that in Christ, the 'pneuma,' or himself, was from heaven, and from no earthly parent, (John viii. 23.) But the establishment of the proposition would do away with the necessity of a miracle in getting rid of that portion of soul otherwise derived from Mary, and which, if intelligent, must also carry with it a sinful nature from Adam.

"Neither does the theory appear weakened by the statement that 'there is no obvious distinction between the sexes in certain cases,' for there is no law of nature more general or better established than that development into new life cannot commence without an exterior and communicated impulse. The existence of hermaphrodites in plants and animals only confirms the necessity of the law, or at least its universality. This condition is found only in the lowest orders of life, where the relation of sex plays a very subordinate part in a moral aspect, or none at all; yet even here is a necessity for the sexes, organs being set apart for the respective duties of the male and female, one furnishing the germ, and the other a dynamic principle, without which fructification is impossible. If, as stated in the review, 'cells may in some instances unite to produce development,' does this ever occur originally in the process of generation? I doubt it. It

* Review of Dr. Ellsworth's pamphlet, Med. & Surg. Rep., current volume, p. 132.

may, however, in a body already organized, and then result in fissiparous generation, because there is then present an exterior vital force by which all cell-movements are controlled. Here the offspring is surely a part of the parent, both physical and mental. Whether this dynamic influence is a force or only an arbitrary connection, is a fit subject for inquiry, but the transmission of features, in man certainly, would show it was a controlling power.

"As to the souls of animals, we know about as much as the Jews before Christ did about their own after death. Christ came to bring immortality to light; he left many things, however, in the dark, we should like to understand. In scientific investigations, we must often be led and even governed by analogies, and these certainly exist in some degree in the lower orders, and the remark of a distinguished physiologist cannot be gainsayed. 'In comparing the mental phenomena of man and the lower orders, we find so many points of resemblance, and the dividing line between instinct and reason so indistinct, both being removed in all their phenomena from mere matter, that we are forced to admit as true, respecting the operations of one, what is absolutely proved as to the other.' God reveals little that has not a moral bearing, and therefore is mainly silent respecting the lower orders. Yet a reference is found to them in Eccl. iii, 21, where the word spirit is used. But God instructed the Jews by types and figures. The curse pronounced on animals as well as men, their common destruction in the flood, implied a connection of some sort. This may be suspected, especially by the latter event referred to in 1 Peter iii. 20, for if Noah was by a figure saved by baptism, why not animals so miraculously sharing the benefits of his faith, in that same figure. Still, Eccl. iii. 21, shows that there is an important distinction between man and the lower orders, not so much as to the mode and form of existence, but destiny.

"The disproval of the idea that the soul or 'pneuma' may be of paternal origin, does not, as stated in the review, give the upholders of the received view a better physiology in that respect, for what law in physiology, or psychology, or mental philosophy, can lead one to believe in two perfect and independent minds having but one identity? Yet Christ, being in one nature conscious only of weakness, and in another only of power, must have had a double consciousness. But admitting it possible, the explanation is no explanation at all, and leads to immense difficulties, as any one will find by answering these two questions: 1st. In what nature does Christ pray when he prays for the restoration of his glory, having as man never been in its possession, or as God never having laid it down. 2d. If *I* is personal and means him as a being, in what nature is he omnipotent, when he says 'I can do nothing of myself'? The fact is, that in order to get around a microscopic and doubtful difficulty in the lowest order of infusorial life, it is necessary to reject the first and most fundamental principle of mental philosophy, that every perfect mind must have its own independent consciousness and individuality, and that that which has its own consciousness is a distinct individual. Christ, in coming to 'fulfil' all law, did not set all law at defiance at his very first step, and keep it up through his whole career. A correct translation of some of the texts on which I rely, greatly fortifies my position, but we cannot here enter upon it."

Notes and Comments.

The Philadelphia Dental College.

Last week we made a note of the third annual commencement of this institution. In our original notice of its inauguration, more than three years ago, we predicted its success, while we said that we did not believe that it would interfere with the prosperity of its older kindred institution, the Pennsylvania College of Dental Surgery. Both are prospering. Commencing with *eleven* students the first session, the former advanced to *twenty-six* the second, and to *forty-six* for the session just closed.

In addition to the regular course during the last session, Dr. James E. Garretson—well known as a contributor to the pages of the Reporter—has delivered a special course on *Surgical Anatomy*, demonstrating the various operations on the cadaver. Dr. Harrison Allen has also given a special course on *Comparative Anatomy*, with special reference to the teeth of man and the lower animals.

☞ We are requested to say that twenty dollars is the highest limit that has been spoken of as the proposed increased rate for tickets in the medical colleges. In view of the increased cost of instruction, the amount would not be unreasonable.

Cholera.

If, as is generally apprehended, cholera should to visit this country this year, the space that is appropriated in our columns to that subject at this time, will prove to have been well occupied. The lectures of Professor Alonzo Clark increase in interest and value, and will be found to be a very satisfactory résumé of all that is known on the subject. Besides these lectures, it will be seen that some of the most intelligent teachers and writers in the profession are discussing the subject, in communications and the proceedings of medical societies, in our columns. We shall, in addition, continue to make judicious selections on the subject, from other domestic and foreign sources.

Life Insurance.

We would call attention to the prosperous condition of the Connecticut Life Insurance Company, whose new advertisement will be found in another column. It is one of the most prosperous institutions of the kind in the country,—the dividend of last year being *sixty per cent.* *All* the Life Insurance Companies that advertise in the Reporter are first class institutions.

The Medical Schools of this City.

The Jefferson Medical College of this city held its annual commencement last Saturday, and the University on Wednesday last. We put this number to press too early to do more this week than to say that the session in both schools has been a marked success. We learn that the University had 520 matriculants, and 160 graduates; and the Jefferson College 425 matriculants, and 165 graduates.

Asiatic Cholera.—Correction.

In Dr. Snow's article in the Reporter for March 3d, under the *Fifth* head, the sentence—

"The prevalence of the disease is in inverse ratio to the level of the sea," should read—

"The prevalence of the disease is in inverse ratio to *the elevation above* the level of the sea."

Patience!

We must ask the indulgence of correspondents for some delay in the publication of their articles. We have a large number of very valuable communications on hand, which will be published as rapidly as possible.

Correspondence.

FOREIGN.

Paris, January 22, 1866.

Hospitals of London and Paris.

Editor Medical and Surgical Reporter:

To the hospitals of London and Paris, though subjects of primary professional interest, I have been able to give comparatively little attention, in consequence of the pressure of other important matters, but I have been gratified with a visit to two of them in each of these two cities. The first I visited was the "City of London Hospital for Diseases of the Chest," to which I was politely conducted and shown through by Dr. J. Risdon Bennett, one of the attending physicians, who is also, and has been for several years on the medical staff of St. Thomas' Hospital. The former is admirably located at Victoria Park, where it enjoys a very fine atmosphere, uncontaminated by immediate city influences. It is warmed by a hot-water apparatus, the air being introduced from without, through ample channels, into large chambers in the basement, and after being passed up into the wards through large flues, is removed by ventilating flues, whose draught is made effective by hot-water pipes. The wards have high ceilings, and the beds are few in proportion to the numbers usually found in general hospitals, care being had to furnish an ample supply of air for their occupants, as is especially requisite for patients of this class.

The number of *in-door* patients was not large at the time of my visit, but of *out-door* patients a large crowd was in waiting for the Doctor's advice. This latter department of this and other hospitals corresponds with the *dispensaries* of New York and other American cities, where the poor are prescribed for gratuitously, while residing at their own homes. The average number of cases treated in this institution is, of in-door, 440, of out-door, about 10,000, annually.

At the King's College Hospital, I witnessed two well executed surgical operations, one an amputation of the mamma by Mr. Ferguson; the other, the removal of two internal hemorrhoidal tumors by Dr. Henry Smith, very dexterously performed by means of the clamp and scissors, hæmorrhage being arrested by the actual cautery. A large class of students was in attendance, to whom the nature of the case and the successive steps of the operation were lucidly explained. The anæsthetic employed in the first case was chloroform, the apprehensions entertained concerning it among us appearing to have little or no existence here. In the second operation no anæsthetic was deemed necessary. I learned from Mr. Ferguson that nitrous-oxide, now coming into vogue in the United States, has not been used for this purpose at all in London.

With regard to the Parisian hospitals, I had an opportunity to decide a question which has long excited much interest and discussion among us at home, viz., as to the truth of the report that it was the custom to receive and to mingle promiscuously with the other patients, cases of small-pox and other contagious diseases. On the 19th inst., I followed, in his regular daily visit at the famous Hôtel Dieu, the eminent Trousseau, between 8 and 10 A. M., and had no occasion to ask the question referred to, as the very first case we came to was one of confluent variola of the severest character. In the next bed, not more than four feet distant, was a case of paralysis, and in a third was another case of small-pox, both in a ward containing 13 beds, nearly all occupied by patients with various diseases. The next ward visited was a large one, having 86 beds, all but three or four occupied, and among them also was a case of small-pox, on reaching which, Dr. Trousseau performed an operation of most singular character before a class of about 20 students fol-

lowing him in his rounds. Being desirous of explaining the specific character of the eruption, the patient was stripped of all his clothing, thus exposing his whole surface, and the doctor, taking a well-formed pustule between his thumb-nails, squeezed out its contents, showed it to the class, and then wiped his fingers on the sheet.

Introducing myself to him at the conclusion of the visit, I learned from him that these cases are no exception to the general rule, small-pox being admitted as freely as any other disease. There is no hospital for that disease exclusively in Paris—it being alleged that the small number of cases would not justify the expense—and the fear of contagion in common hospitals being greatly diminished in consequence of the almost universal prevalence of vaccination, which is to a great extent compulsory. The presence of three cases at one time in one hospital would, however, seem to deny the alleged slight prevalence of the disorder.

John H. Griscom, M. D.

DOMESTIC.

Ozone.—Malaria.—Cholera.

Editor Medical and Surgical Reporter:

Ozone is oxygen in a highly electro-negative condition, and that oxygen, by passing an electric current through it, may be combined with non-ozonized oxygen and form a galvanic circuit.

In support of this, I will offer a few facts that have come under my own observation. In dry sultry weather, when the minimum amount of ozone is present, the electric current of telegraph lines is frequently interrupted by coming in contact with the non-ozonized oxygen, which forms independent or contra-galvanic circuits, rendering the transmission of messages very difficult, or entirely impossible for the time being. A thunder-storm, at such times, always has the effect of destroying such contra circuits.

Telegraph lines, furthermore, always work more or less imperfectly in hot weather, particularly so in low latitudes, where they run parallel with large rivers, over swampy localities.

But in winter, particularly in the high latitudes, where the ground is usually hard frozen, and is thereby rendered a non-conductor of electricity, and the oxygen of the atmosphere is highly electrified, producing the maximum amount of ozone, messages may be transmitted and communication kept up four times the distance than in hot weather, because the local attraction of the earth is cut off by being frozen, and the oxygen being highly charged with electricity, or ozonized, completes its own galvanic circuit.

Ozone, in the maximum amount, is provocative of bronchial affections, etc. My observation and experience is that the oxygen in a close room in a highly electrical condition (as shown by an electrometer) produces irritation of the bronchial membrane, and telegraph operators, when remaining for years in the business, are more or less subject to diseases of the respiratory organs. Such diseases are also more prevalent in winter than in summer, and are more common in the higher latitudes.

Ozone is destructive of malaria and beneficial to health during the prevalence of malarial epidemics, such as cholera.

That there is destruction of malaria by ozone is shown by the salutary effect of a thunder-storm in times of malarial epidemics.

In several instances, cholera has entirely disappeared from certain localities, after a severe thunder-storm. (Dr. Hammond's Hygiene, page 165.)

It appears to be generally conceded that cholera is always accompanied with the minimum amount of ozone; and further, when the least amount of ozone existed, cholera prevailed to the greatest extent. (Same work, pp. 164, 165.)

I will not discuss the chemical effect of a pure or of a malarious atmosphere, relative to the circulation of the blood, etc., but confine myself to a few facts that came under my observation during the prevalence of cholera in this country, from 1849 to 1854, relative to ozone as a preventive of cholera, for I noticed that where there was the maximum amount of ozone there was no cholera.

The mere fact that there was a deficiency of ozone, is not proof that with ozone in its maximum there would have been no cholera, but that cholera has never prevailed in high latitudes in this country in winter when the maximum amount of ozone was present, is a strong presumption in its favor. Ozone, again, in large quantities, and malaria, seem never to exist in the atmosphere at the same time and place.

Now, I have endeavored to show that ozone is produced by electricity, that it is destructive of malaria, and that cholera is always accompanied by the least amount of ozone, and prevails to the greatest extent in low malarious localities. If these premises are true, we arrive at the conclusion that where ozone exists in its maximum amount there is no cholera. Another fact: in telegraph offices there is always the maximum amount of ozone, or oxygen in a highly electro condition.

During the prevalence of cholera in this country, from 1849 to 1854 inclusive, I was engaged in the telegraph business, and during that whole time never knew of an instance of

a telegraph operator dying of, or even being attacked by cholera. In those days, too, the telegraph offices in the river towns were generally situated on the low grounds, where cholera prevailed to the most alarming extent.

I most respectfully submit my deductions to the medical profession for their consideration and further investigation of the subject.

A. T. Hay.

Burlington, Iowa, Jan. 1st, 1866.

Acute Mania, resulting from Masturbation (?.)

Editor of Medical and Surgical Reporter:

William McCarty, a civilian, 25 years of age, a carpenter, employed in the Quarter Master's Department, at Morris Island, South Carolina, was sent to Provost Guard Hospital, Hiton Head, South Carolina, and admitted July 14th 1864, suffering from mania. On inquiring of his friends and companions, no cause for the present attack could be ascertained. Upon his admission to the hospital, the paroxysm was so severe as to render it impossible to keep him properly clothed. It was therefore necessary to restrain his movements with bandages applied to the hands and feet, etc. In the mean time, opiates, antispasmodics, etc., were employed; beef tea, wine, punch, etc., for nourishment. The patient continued restless and uncontrollable to such an extent, that a *body girt* was applied, and fastened to it, a rope leading through the floor; this was rendered necessary by his frequent and sudden attempts to injure the nurse, and in consequence of the bandages on his wrists and ankles having caused ulcers.

July 23d. The paroxysm having very considerably subsided, the patient was loosed, and a strict watch kept over his movements by the steward, who reports that he caught him in the act of masturbation. Some of the patients spoke to him in relation to it, when he was taken with an attack as at first. The usual remedies were had recourse to, but the patient gradually sank, and expired July 25th. Just prior to his death, there were involuntary ejaculations of semen, great thirst, and nothing could be retained on the stomach, and for a couple of days prior to his death, a partial paralysis of the lower extremities. I could not obtain a post mortem examination in consequence of his friends removing him to New York city.

H. S. Hannen,
Late Assist. Surg., U. S. A.,
In charge Provost Guard Hospital,
Hilton Head, S. C.

Ellenboro', West Va.

☞ The Paris Academy of Sciences has just awarded its Monthyon prize for statistics to M. Chenu, the well known army surgeon, for his work on the losses of the allied armies in the Crimea.

News and Miscellany.

ANNUAL COMMENCEMENTS.

Massachusetts Medical College.

This medical college held its annual commencement on the 7th inst. The graduating class was unusually large. Prof. Storer delivered the address to the graduating class. The faculty purpose publishing a complete catalogue of the past students of the school.

The following were the graduates, *seventy in number:*

British Provinces.—A. B. Atherton, J. L. Bunting, J. S. Calder, H. J. Fixott, T. R. Fullerton, M. T. Hobart, G. A. Jamison, J. A. McDonald, R. W. McKeagney—9.

Maine.—C. J. Milliken, C. W. Oleson, C. K. Packard, F. W. Payne, C. B. Robinson—5.

New Hampshire.—G. O. Allen, W. D. Chase, M. L. Gerould, S. Heath, E. J. Morgan, R. E. Perkins—6.

Vermont.—M. B. Campbell.

Massachusetts.—J. F. A. Adams, C. A. Ahearne, J. F. Appell, C. B. Braman, T. F. Breck, Winthrop Butler, N. S. Chamberlain, C. F. Coleman, S. Cushing, J. E. DeWolf, G. S. Eddy, E. A. L. Francois, L. E. Franks, A. S. Garland, J. O. Green, Thos. Hall, Jr., E. B. Harvey, R. C. Huse, R. M. Ingalls, O. H. Johnson, J. P. Lynam, W. M. Mercer, W. F. Munroe, P. F. Munde, C. E. Munn, W. M. Ogden, G. C. Osgood, S. Parker, W. H. Richards, C. H. Rice, G. A. Stuart, E. L. Sturtevant, C. C. Talbot, W. C. Tracy, A. C. Walker, B. G. Wilder, J. L. Williams, J. Wilmarth—38,

Rhode Island.—C. T. Gardner, N. G. Stanton.

Connecticut.—E. M. Harris.

New York.—R. D. Barber, J. G. Birch, R. S. Dryer, H. P. Shattuck.

Illinois.—O. B. Damon.

Wisconsin.—E. F. Spaulding.

Residence not named.—George Monroe, J. P. Gray.

College of Physicians and Surgeons, Medical Department of Columbia College, N.Y. Fifty-ninth Annual Commencement.

The annual commencement of this institution took place March 8th, 1866. The number of graduates is 112, as follows:

British Provinces—Wm. G. Bryson, Geo. O. Burgess, John W. Clemesha, John Cowan, Marcus Dodd, T. K. Holmes, M. D., Joseph Johnson, A. Lawson, Wm. Morton, Joseph O'Dwyer, A. Stuart, Jos. Stubbs, A. H. Woodill—13.

Maine—Geo. Cary, Henry F. Walker.

New Hampshire—A. H. Foster, Geo. W. Grover, John G. McAllister.

Vermont—Jas. M. Ayer, L. F. Bugbee, Edwin Phelps, M. D., R. H. Stone.

Massachusetts—John W. Dooley, Charles T. Poore, Octavius B. Shreve.

Connecticut—O. F. Harris, R. P. Thacher.

New York—L. Applegate, David P. Austin,

E. W. Avery, Geo. M. Beard, C. M. Bell, Fred. C. Clark, T. E. Clark, W. A. Conway, Adam C. Corson, M. D., D. M. Cory, P. W. Cremin, Benj. F. Dawson, H. Dusenbury, Frank O. Earle, E. Frothingham, J. P. Garrish, Jr., R. S. Goodwin, Jay L. Greene, Jas. R. Gregory, Samuel Harris, Geo. E. Hawes, Edward C. Huse, E. Hutchinson, S. Hyde, John C. Jay, H. De Witt Joy, James S. Knox, M. Lampson, Chas. E. Lee, Thomas Le Guen, A. S. Leonard, Edward Macomb, Walter Lindsay, Samuel K. Lyon, I. N. Mead, Geo. L. Menzie, H. W. Mitchell, Geo. W. Newcomb, Henry D. Nicoll, John W. Ostrander, Charles Roth, M. D., D. W. Searle, Thos. Skelding, David A. Smith, Samuel St. J. Smith, Chas. Washburn, Samuel Whitall, Jas. W. Wilson, Joseph E. Winston, Aug. Wohlfarth, Geo. P. Wright, J. W. Wright, G. H. Wynkoop, Geo. L. Yost, —54.

New Jersey—S. C. Baldwin, Wm. S. Combs, J. J. De Mott, Jas. D. Exton, D. McL. Forman, Jos. S. Hunt, Jas. C. Hutchison, R. D. James, J. C. Mead, John Moore, J. Otis Pinneo, Samuel F. Rouse, F. J. Van Wagner, Jas. D. Van Derveer, H. C. Van Gieson, M. D., Cornelius Van Riper, Henry S. White, Charles Young—18.

Pennsylvania—Wm. H. McKelvy, Whitmer Snively, Walter Ure.

Delaware—Robert P. Jump, M. D.

Maryland—Wm. G. Ridout.

District of Columbia—Richmond J. Southworth.

Florida—Andrew Anderson.

Ohio—D. R. Francis, Samuel L. Kennedy, Jas. M. Study, M. D.

Indiana—James B. Hunter.

Michigan—Wm. H. Young, M. D.

Mexico—Francisco Repetto.

The *Faculty* prizes were awarded as follows: The first prize of $50 was awarded to J. W. Wright, of this city; the second of $25 to G. H. Wynkoop. D. M. Cory, Alexander Stuart, and J. S. Knox were honorably mentioned by the Faculty, because of the ability displayed in their Graduating Theses.

The *Harsen* prizes as follows: The first, of $150, was awarded to William J. Hipper; the second, of $75, to L. H. F. DeGuen, and the third, of $25, to John Petrick, Jr.

It was announced that Dr. Stevens, formerly President of the College of Physicians and Surgeons, had donated the sum of $1000, to be invested as a Prize Fund, the interest of which was to be offered as a triennial prize, the first to be given at the annual commencement in 1869, and to be open to universal competition.

Henry D. Nicoll, of the graduating class, delivered the valedictory address, which closed the exercises.

—— Dr. David Jayne died in this city, on the 5th inst., of typhoid pneumonia, aged 66 years. About thirty years ago he established himself in this city as a druggist, and soon began the preparation and sale of proprietary medicines, from which he accumulated an ample fortune, a large proportion of which was spent in adorning Philadelphia with some of its finest stores and dwelling houses.

Processes of Disinfection.

A memorandum on disinfection has been issued by the Privy Council, (Great Britain). In view of the approaching epidemics, we give its main points, after the *Chemical News* and *Druggists' Circular:*

"1. For artificial disinfection, the agents most useful are—chloride of lime, quicklime, and Condy's manganic compounds. Metallic salts—perchloride of iron, sulphate of iron, and chloride of zinc, are applicable. In certain cases chlorine gas or sulphurous acid gas may be used; and in other cases powdered charcoal or fresh earth.

"2. If perchloride of iron or chloride of zinc be used, the common concentrated solution may be diluted with eight or ten times its bulk of water. Sulphate of iron or chloride of lime may be used in the proportion of a pound to a gallon of water, taking care that the water completely dissolves the sulphate of iron, or has the chloride of lime thoroughly mixed with it. Condy's stronger fluid (red) may be diluted with fifty times its bulk of water; his weaker fluid (green) with thirty times its bulk of water. Where the matters requiring to be disinfected are matters having an offensive smell, the disinfectant should be used till this smell has entirely ceased.

"3. In the ordinary emptying of privies or cesspools, use may be made of perchloride of iron or chloride of zinc, or of sulphate of iron. But where disease is present, it is best to use chloride of lime or Condy's fluid. Where it is desirable to disinfect, before throwing away the evacuations from the bowels of persons suffering from certain diseases, the disinfectant should be put into the night-stool or bed-pan when about to be used by the patient.

"4. Heaps of manure or of other filth, if it be impossible or inexpedient to remove them, should be covered to the depth of two or three inches with a layer of freshly burnt vegetable charcoal in powder. Freshly burnt lime may be used in the same way, but is less effective than charcoal. If neither charcoal nor lime be at hand, the filth should be covered with a layer some inches thick of clean dry earth.

"5. Earth near dwellings, if it has become offensive or foul by the soakage of decaying animal or vegetable matter, should be treated on the same plan.

"6. Drains and ditches are best treated with chloride of lime, or with Condy's fluid, or with perchloride of iron. A pound of good chloride of lime will generally well suffice to disinfect 1000 gallons of running sewage; but, of course, the quantity of disinfectant required will depend upon the amount of filth in the fluid to be disinfected.

"7. Linen and washing apparel requiring to be disinfected should without delay be set to soak in water containing per gallon about an ounce either of chloride of lime or of Condy's red fluid. The latter, as not being corrosive, is preferable. Or the articles in question may be plunged at once into boiling water, and afterward, when at wash, be actually boiled in the washing water.

"8. Woollens, bedding, or clothing which can-

not be washed, may be disinfected by exposure for two or more hours in chambers constructed for the purpose to a temperature of 210 to 250 degrees Fahrenheit.

"9. For the disinfection of interiors of houses, the ceilings and walls should be washed with quicklime water. The wood-work should be well cleansed with soap and water, and subsequently washed with a solution of chloride of lime, about two ounces to the gallon.

"10. A room, no longer occupied, may be disinfected by sulphurous acid gas or chlorine gas—the first by burning in the room an ounce or two of flowers of sulphur in a pipkin; the second by setting in the room a dish containing a quarter of a pound of finely-powdered black oxyd of manganese, over which is poured half a pint of muriatic acid, previously mixed with a quarter of a pint of water. In either case, the doors, chimney, and windows of the room must be kept carefully closed during the process, which lasts for several hours."

Poisoning with Sulphates of Zinc and Iron.

The question, whether the sulphates of zinc and iron can be resorted to, to effect slow poisoning, came up in Malmsbury, England.

From the evidence given at the inquest, it appeared that Dr. Salter was called in to the wife of a horse-doctor on the 12th April last, and continued so until the 23d, for uterine hæmorrhage and vomiting. The former complaint was soon cured, but the latter continued so obstinately and followed so constantly her husband's supplies of food and drink that, on that day, on her coming down stairs, she vomited in Dr. Salter's presence, and he then secured it; on the 25th, when he saw Lait and his wife together, he felt it his duty to tell her, in the husband's presence, that her illness was not from disease, bnt from poison; that if she remained there, she would die, and he would not sign a certificate; but if she removed, she might be cured. It subsequently appeared that on that day Lait called in Dr. Jeston, but on the 29th, Lait called at Dr. Salter's surgery, and said the sickness was just as bad; he was given powders of the oxalate of cerium. On the 7th, a message was left at Dr. Salter's surgery to say that Mrs. Lait was dead. The two surgeons consulted together, and the result was that they both refused a certificate. An inquest was held, and a post-mortem and analysis ordered. The stomach was found greatly inflamed, particularly in the cardiac portion, the mucous surface raised by air blisters; the intestines were only moderately acted on; in the vomit, traces of sulphates of zinc and iron, so in the lower intestines, but in the food contained in the stomach and duodenum there was only sulphate of iron. The most suspicious part of this case lies in the fact that the woman was always sick after food or drink from her husband, and not otherwise, and she had always complained of a coppery taste in the mouth. The verdict returned by the jury was to the effect, but not in the exact words—Died from taking sulphate of zinc, a deadly poison, but by whom given is to the jurors unknown.—*London Pharmac. Journal.*

MARRIED.

Greenshields—McKay.—In Bruce, Macombe county, Michigan, on Wednesday, 21st February, 1866, at the residence of the bride's father, by the Rev. Philo Hurd, Wm. Greenshields, M. D., and Miss Mary McKay, daughter of Robert McKay, Esq.

DIED.

Almy.—In Cincinnati, Feb. 27, of typhoid pneumonia, Maria B. Almy, wife of Dr. S. O. Almy.

Crabtree.—In Dundee, Ill., February 23, Florence Cornelia, youngest daughter of Dr. L. and Cornelia Crabtree, aged 2 years and 6 months.

Drane.—In this city, on the 7th instant, Henry A. Drane, M. D., in the 25th year of his age.

Griffin.—In New York, March 4, Alfred A. P., son of Dr. Thomas B. and Charlotte Griffin, aged 1 year, 3 months, and 5 days.

Hammond.—In Clinton, Wis., February 22, Mrs. Mary J. Hammond, wife of Dr. H. J. Hammond, aged 25 years, 1 month, and 2 days.

Lynn.—In Chicago, Ill., February 28, Dr. Isaiah P. Lynn, in the 40th year of his age.

Stone.—In Perth Amboy, N. J., March 3, Dr. Henry M. Stone.

Wiley.—In Cincinnati, Ohio, March 3d, Mrs. Adeline F., wife of Rev. J. W. Wiley, M. D., Editor of the *Ladies' Repository.*

ANSWERS TO CORRESPONDENTS.

Dr. W. C. P., Head of Sassafras, Md.—Hand Book of Practice, sent March 6th.

Dr. W. P. R., New Market, Tenn.—Case of Obstetrical Instruments, Davis' Forceps, Desmarre's Plyers, Pin Pliers, Silver wire, sent by Howard's Express, March 9th.

Dr. J. W. McC., Minerva, Ohio.—Flint's Practice, sent by Adam's Express, March 3d.

Dr. W. F. S., Lower Chanceford, Pa.—Seton Needle, sent by mail, March 9th.

Dr. J. C., Massillon, Ohio.—Dunglison's Human Physiology, Wilson's Human Anatomy, sent by mail, March 6th.

METEOROLOGY.

Feb. 1866,	26,	27,	28,	M. 1,	2,	3,	4.
Wind	W.	S.	N. E.	N. E.	N. E.	E.	N. W.
Weather	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy. Heavy Fog.	Clear. High Wind.
Depth Rain							
Thermometer.							
Minimum	13°	18°	24°	27°	22°	34°	34°
At 8 A. M.	20	32	31	35	41	42	45
At 12 M.	27	45	39	43	54	46	51
At 3 P. M.	27	46	39	45	55	47	49
Mean	22.75	35.25	33.25	37.50	43.	42.25	44.75
Barometer.							
At 12 M.	30.8	30.4	30.5	30.4	30.2	30.2	30.

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane,* will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

THE

MEDICAL AND SURGICAL REPORTER.

No. 473.] PHILADELPHIA, MARCH 24, 1866. [Vol. XIV.—No. 12.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

IV.

Causes and Nature of Cholera;—Contagion;—Portability.

We now come to the question whether cholera is *contagious*. If we were to select the document which before all others would apparently sustain the doctrine of contagion, it would be the report of a sub-committee of the College of Physicians of England, composed of Drs. Bailey and Gull, in which these gentlemen give an account of the occurrence of cholera in the Tooting School in London, a large school for poor children. Cholera appeared in this school during the month of December, 1848, with unusual severity, so violent indeed, that Government found it necessary to break up the institution, and distribute the children among other pauper asylums, and to these the disease was apparently spread by contagion. Another history might be quoted of the occurrence of an epidemic in Maryland, in a certain locality along the Cumberland canal, where it attacked boatmen and others in a manner which apparently points strongly to contagion. (We omit the details.—Rep.)

But the whole history of the epidemic, its course and progress, point to another cause than contagion for its origin. The wide spread series of bowel-diseases, colicky-pains, diarrhœas, etc., which are observed to precede, or accompany the explosion of an epidemic, seem to show that there is a more general cause at work than personal, specific contagion; then, again, it usually commences in bad, insalubrious districts, while the truly contagious diseases, though their type and mortality may be influenced by conditions of insalubrity, are independent of these, as far as their cause and origin is concerned.

The settlement of the question may be somewhat aided by studying the history of hospitals, and the facts which have been observed in reference to the liability of physicians, nurses and attendants to be attacked. Dr. Vandeveer, in an account of the Franklin Street Cholera Hospital of this city, states that in the rooms of the building, measuring 25 feet by 30, the number of patients generally amounted to twenty-five. Physicians, nurses and attendants, to the number of twenty, occupied rooms adjoining those in which the patients were placed, with free communications, and the doors frequently open. Post-mortem examinations were made in the building to the number of 78, and the hands of physicians and nurses were freely bathed with the cholera fluid; the dead, for want of rapid transportation were sometimes piled in coffins, one on top of the other; on one occasion to the number of ten or twelve. Indeed such were the conditions of the hospital, that it is difficult to explain, how physicians and nurses could have escaped disease, if it were contagious. Of the whole number, but one was attacked. So also it is found in looking over the histories of European hospitals, that a comparatively small number of physicians and nurses become victims of the disease.

There is, then, no marked communicability of the disease from person to person by contagion. The upshot of the whole matter is, that in the history of cholera in hospitals, there is no ground for supposing nurses to be any more liable to the disease than others, except, as they may be predisposed to any attack of sickness by hard work, and, perhaps, hard drinking. Drs. Bailey and Gull, in collecting information for their report, took pains to elucidate facts regarding the liability of washerwomen, who were in the habit of washing the linen and bedding of cholera patients, to the disease, and from eighty-four communications received by them, it appears that the liability is not very great.

Other facts may be adduced. Eight physicians of Astrakan, reporting the history of the epidemic there to the authorities at Moscow, state

that during its prevalence they were in almost constant contact with the cholera patients, rubbing them, respiring the same air, etc., but not one of them suffered. This is an old story. Furthermore, it is stated that patients in hospitals have frequently been clothed with the garments of cholera patients, and not been attacked by the disease. Dr. Houston, in a recent article published in the *Richmond Medical Journal*, states that a newspaper man, during the epidemic at Wheeling, as a matter of bravado, put on the clothes of a person who had died of the disease, and lay in them all night, with no ill effect. European physicians frequently refer to the fact of husband or wife sleeping in the same bed; one sick with cholera, the other escaping it; or children even nursing at the mother's breast, the latter dying of cholera, the former remaining free from the disease. Another fact is mentioned by Dr. Houston, namely, that during the cholera epidemic at Wheeling in 1833, that class of persons who, from fear, attempted to avoid the disease, were attacked much more frequently, and with greater severity, than those who were in contact with the sick, by moving them and attending to their wants.

There is a certain other consideration. Smallpox, measles, scarlet fever, never become entirely extinct at any time in large cities. Cholera has a different history; at periods it ceases entirely. If it were really contagious, where would the communicability cease? Why would it stop? It has nowhere become naturalized, as it were, like the other contagious diseases.

Again, its *invasion* is too rapid to be accounted for by contagion. When it strikes a community, large numbers fall sick at once; too suddenly for personal communication. When it appeared in Paris the first time, during the latter part of March, it had accomplished the greater part of its work by the end of April,—eighteen thousand having died. During the first eighteen days, seven thousand had fallen its victims. So after it first appeared in New York, on the 3d of July, seven hundred and ninety-seven had died of the disease during that month, of three thousand five hundred and thirteen,—the whole number. In Paris, the mortality during the first month exceeded one-half of the whole mortality.

In smaller communities this suddenness of invasion can perhaps be better observed and studied. Dr. Houston, in the paper already alluded to, cites the occurrence of the disease at the small village of Bridgeport, near Wheeling, separated from the city by two branches of the Ohio river and an island. It was in a very filthy condition at the time, and contained only two or three hundred inhabitants. More or less, communication was constantly kept up between Wheeling and Bridgeport, by means of ferry-boats. The disease had commenced in Wheeling about the 15th of May, and yet it was not until the last week in June that it appeared at Bridgeport. It broke out during the night, and in thirty-six hours not less than twenty-two of the inhabitants had fallen its victims. All this does not look like the slow, gradual spread of the disease by contact from person to person, but points to a more general cause. A somewhat similar history has been reported by Dr. Jackson, in the third volume of the *Transact. Amer. Med. Association*, where the disease is stated to have suddenly occurred in a neighborhood, twenty-six miles from Philadelphia, and where the only person who had been in Philadelphia, where cholera prevailed, and who might be supposed to have carried the contagion, escaped. Dr. Morris relates that the disease broke out in the Massachusetts State Prison, first attacking a man under solitary confinement; in the course of an hour four more were attacked in different remote parts of the prison, and in the course of forty-eight hours *two hundred and five* inmates of the prison had the disease. This certainly does not look like contagion.

Then again the mode in which the disease subsides is noticeable. When the Marquis of Hasting's army marched through India, it lost many men on its march; the disease being subject to fluctuations as the army passed over different regions. The history of a regiment of English troops is given, who arrived in India in the best sanitary state. The regiment ascended the river Ganges, by boats, in two divisions, at an interval of two months. As each division passed those banks of the Ganges where the disease prevailed epidemically, they began to suffer: and the number of soldiers attacked at a particular time, corresponded to the severity with which the disease was prevailing on the shore.

It is reported by Bailey and Gull, that in Oxford the disease just divided the town; the disease prevailing in one part, and but one case occurring in the other. The part affected was low, undrained, and its population less virtuous and cleanly than in the other. This is not the history of contagious disease. In the accounts of cholera in India, it is not uncommon for the disease to thus divide a town; one part remaining entirely exempt, and the other being heavily afflicted. In Manchester there is a district, very unclean, on low undrained ground, privies un-

cleaned, pigs running about, and pigsties abounding,—called "little Ireland," and close to this is another little district almost as bad. What was remarkable was, that while the epidemic pervaded the whole town, "little Ireland" alone was exempt, though the little district adjoining was very heavily affected.

Another great fact to be mentioned regarding the occurrence of the epidemic in Europe or Asia is that it is generally preceded by an admonitory diarrhœa. Looseness of the bowels affects, in a large sense, a whole community. This diarrhœa precedes the disease by several weeks or months. This has been observed in almost every epidemic. There is no analogue to this in the history of contagion; but there seems to be an influence in the air or earth, necessary to produce the disease, a general not a special influence. It may be observed here, however, that when we contrast the history of epidemics in the United States with those of Europe or Asia, the admonitory diarrhœa is not so universally noticed here, though when the poison has once fairly reached us, a large number of persons feel its influence.

Again, those general, external, and accidental causes of disease which may be comprised under the term insalubrity, are very conspicuous in cholera, while the contagion of small-pox, for instance, does not depend on, and is little influenced by them.

The relation of the temperature to the disease is interesting. It may be stated as a general fact, that it is more prevalent in the warm months of the yaar. Yet a multitude of facts show that it is not limited to the warm season alone. There is an impression that it does not occur in winter, and yet we have the history of not a few epidemics which show the contrary. The epidemic at the Tooting school, already alluded to, is one example. In St. Petersburg and Moscow it prevailed twice in winter; in Scotland during the winter of 1848–49. In Moscow, it diminished as the warm weather came. The following statistics of the mortality from cholera in all England, from July, 1848, to December, 1849, taken from the Registrar-General's reports, will show its prevalence in the various months:

July	189	March	302
August	232	April	107
September	187	May	357
October	323	June	2046
November	386	July	7570
December	400	August	15,872
January	658	September	20,379
February	371	October	4654

and from that time to December rapidly declining. While then, as a general large fact, the disease is more prevalent in summer and its mortality greatest, it is noticeable that severe epidemics of the truly contagious diseases, such as small-pox, measles, and scarlet fever, usually occur with greater severity in winter.

From all these facts and considerations, it is evident that there is a broad contrast between contagious diseases and cholera.

Your attention is now called to another point. If cholera is not contagious, *is it portable?* Upon the answer to this question in a great measure depends the matter of quarantine, and whether such regulations are proper and effective against cholera.

From our very first knowledge of the disease we know that it has generally progressed along the great travelled roads, the lines of commerce; following the course of armies, leaving the disease in some towns and not in others. Why not in all? Undoubtedly because the conditions for generating the poison were present in some and not in others. It has travelled with caravans of pilgrims to Mecca; from the borders of India to Arabia, to Egypt. Travelling along the high-roads of commerce and intercourse, it has crossed broad waters. How is this accomplished? How, for instance, did it reach England?

The distance across the English Channel is too great to suppose that the poison was carried by the wind. At Sunderland, where it first appeared, the German Sea has its greatest width. There can hardly be a doubt that the disease was brought by ships. The point of attack in every epidemic of cholera in England was at one or the other of the principal commercial or seaport towns—Sunderland, Newcastle, Liverpool, London. When it occurred first at Liverpool, in one instance, in 1853, it could clearly be traced to Hamburg emigrants; cases of cholera having occurred on the vessel in which they arrived. Then it crossed the Atlantic. How? At one time it was quite fashionable to assume that the cholera poison marched by a steady atmospheric wave; but this does not bear close inspection. Its progress is comparatively slow. In India its progress of march has been computed at 21 miles a week. In its march from the Delta of the Ganges to Canton, a little more than 10 miles a week. In Europe, its progress was from 80 to 100 miles a week, 100 being the highest. Now, dating from the period when it first appeared at Sunderland, in England, until its appearance at Quebec and New York, its rate of travel would be between 300 and 400 miles a week, which is an unprecedented rapidity, as compared to its progress on land; and the same remark applies to subse-

quent epidemics. If this theory of a wave is accepted, it cannot be explained why intermediate places are not affected; the wave in its course should have passed directly over Nova Scotia, New Brunswick, and the northern part of Maine, to reach Quebec.

On examining the facts, however, we find that a brig, bringing emigrants to Canada, arrived early in 1832. The passengers were taken by a steamer from the quarantine grounds, some to Quebec, others went to Montreal. In two days, cases of cholera occurred among these emigrants, and from that time the disease spread. On the 8th of June, it appeared in Montreal; on the 24th of the same month, in New York. Did it travel from there here? Dr. Vaché states that the ship "Henry the Fourth" arrived at New York in the latter part of June, with cholera patients on board, and it is probable that it reached us in this way. From New York it spread up the river.

In 1848 two sloops, the "Swanton" and the "New York," left Havre, the one on the 31st of October, the other on the 9th of November, the one destined to New Orleans, the other to New York. Both vessels carried a large number of German emigrants. On the one, cholera appeared on board when sixteen days out at sea; on the other, when twenty-six days out; nearly the same day in the two vesels, which at the time were a thousand miles apart, one in a low, the other in rather a high latitude. Was there a streak, a wave of cholera following these ships a thousand miles apart and striking them on nearly the same day? The captain of the "New York" states that some days before the outbreak of the disease on board, a very cold wind set in, and as a consequence, there was a general ransacking among the baggage of the passengers for warm clothing; then suddenly the weather became again very warm. On board the "Swanton," before the occurrence of the epidemic, the weather was excessively warm, and though not expressly stated by those who were present, it is probable that among her passengers the baggage was opened and searched for lighter clothing. On board of both vessels there were passengers who had left infected places, and it is far more probable that the poison was carried in their baggage, than to suppose that two different atmospheric waves of cholera struck these vessels a thousand miles apart. Two days after the arrival of the "Swanton" in New Orleans, a person sick with cholera was taken into the Charity Hospital, and this was the beginning of an epidemic, which lasted in that city during the whole of the winter, and from there ascended the Mississippi river.

Communications.

INTERESTING CASE OF DIPHTHERITIC CROUP.

By A. Geiger, M. D.,
Of Dayton, Ohio.

During the months of September and October, 1865, our beautiful city was afflicted with an epidemic of diphtheria, which proved exceedingly unmanageable. In a majority of the cases the disease extended itself into the larynx, and trachea, nearly all cases proving fatal.

The following case was one of much interest to the physicians of this city, at the time of its occurrence, and I am induced to report it for your columns, trusting that it may also prove of interest to the profession at large.

John Wills, a fine intelligent boy, about 12 years of age, started to school on the morning of Oct. 17th, apparently in good health. He returned home about 11 o'clock, complaining of soreness of his throat. His parents, aware of the prevalence of the fatal epidemic, were much alarmed, and sent immediately for me. I saw him first about 2 o'clock, and upon examination, found the whole left side of the fauces already covered with diphtheritic patches, resembling superficial sloughs. There was considerable febrile excitement with the characteristic hoarseness, and difficulty of swallowing. I immediately applied, by means of the probang, a strong solution of nitrate of silver to the affected parts, and prescribed powders of calomel and rhubarb, to be given every three hours, until the bowels were evacuated; also fluid ext. verat. viride, two drops every three hours, and counter irritants to the throat externally.

I again visited him the following morning, and upon examination of the throat, the disease seemed to be arrested, not having spread beyond the limits of the previous day. There was less fever, and the symptoms were more favorable. I ordered a solution of chlorate of potash, with muriatic acid, to be applied to the throat with the probang, and also used as a gargle; and prescribed—

℞. Potass. chlor., ʒj.
Aquæ bul., f.ʒiij.
Syr. ipecac., f.ʒj. M.

A teaspoonful to be given every three hours. This was given until the following morning, when in addition, sol. ferri perchloridi, four drop

every four hours was given. A tonic, and after a few days stimulant treatment was continued, with evident improvement of the patient, until the 26th, nine days, after the first attack. The diphtheritic patches had disappeared from the fauces, the deglutition improved, and the appetite better, but the dysphonia still remained without change. I had watched my patient very closely, and felt much interest in his case, inasmuch as he was the only son, a bright intelligent lad, the pride of his parents, and began to flatter myself, that having survived so much longer than was usual with the disease, and the symptoms apparently favorable, that the darling boy would outride the storm and be saved. But my hopes were soon blasted. Upon visiting him on the morning of the 26th, I was informed that he had been quite restless during the night, had hoarse and stridulous cough, seemed wild and excited, with much difficulty of breathing. It was evident that the disease was extending itself into the larynx and trachea, leaving us with but slender hope of his recovery.

He continued to grow worse, and on the morning of the 27th, Dr. J. C. Reeve, of this city, was called in consultation. The symptoms were such, that there was no doubt of extensive pseudo-membranous formations in the windpipe, and if not relieved soon the patient must die. Dr. Reeve proposed the operation of tracheotomy, but we concluded to first try other means to dislodge the membrane, and give the parents time to give their consent to the operation, until our next visit. In the evening he seemed somewhat better, having expectorated during the day a large amount of tough phlegm, but the membrane still remained intact. The operation was deferred until the following morning, the parents having given their consent. In the night he grew worse, and the father called me to visit him. I administered a zinc emetic, which acted promptly, and gave some relief. I ordered another to be given, if the same symptoms of suffocation presented themselves, which was done. Dr. Reeve and myself visited him early in the morning, and surely, poor John was a pitiable object,—straining every nerve to get his breath, the windpipe nearly closed with the false membrane, the face suffused, and the eyes starting almost from their sockets; an anxious and imploring expression, which looked (but vainly) for relief from some source: we felt that our mission was almost ended, fearful to incur the risk of tracheotomy, as it seemed the only remedy, and it almost hopeless in his present condition. I left Dr. Reeve with the patient, whilst I stepped a few doors to see another; during my absence John motioned to be raised from the arm-chair in which he was sitting. The doctor lifted him, when he suddenly fell over upon the floor, ceased to breathe, and all seemed to be over with him. The doctor raised him up, when he coughed violently, and expectorated a pseudo-membranous formation, over five inches in length, and about two lines in thickness, tough, and fleshy in appearance; the upper two inches forming a perfect tube, and the remainder lining about half of the trachea. He was immediately relieved, said that he felt well, and took some nourishment.

Our efforts were then directed to prevent, if possible, the reforming of the membrane, but at our visit the next morning, it was manifest that they were of no avail. There was great difficulty of breathing, with hoarseness, and great anxiety, which continued to increase until my visit in the afternoon, when his condition was as bad, or worse, than on the previous morning; and it was pitiable to witness his agony, and his desperate struggles to get air. Upon placing my ear to the throat, I could distinctly hear the rattling of the membrane in the windpipe, and determined to make an effort to dislodge it. With the spatula I depressed the tongue, and passing the probang along its base, had no difficulty in entering the larynx; after passing it down well, I gave it a rotary motion, and wiping along the windpipe, withdrew it. Again, for a moment, my patient seemed to be gone. I had partially withdrawn the membrane so that it filled up the glottis, and prevented the ingress of the air. His breathing ceased, his face and lips were livid, and to all appearance he was dead. His father, excited, shook him, and cried, "John!" he startled, threw himself forward, and with a *violent hawk*, threw off another membrane, measuring over seven inches in length, of the same character as the first one, but tubular in form; its whole length entirely lining the windpipe, and extending into the bronchia. His breathing was again easy, and hope was entertained that he might yet be saved, but the insidious foe, determined to have its prey, continued to travel down through the ramifications of the bronchia; the lungs gradually filled up with the deposit, and he expired on November 1st, four days after he expectorated the last membrane. No autopsy was permitted.

I send you the membranes expectorated, entire, as preserved in alcohol since that time. Through the larger one I passed a gum-elastic catheter, to keep it distended, as when in the windpipe. You will perceive at the upper portion, the shape of the larynx, and also its cartilaginous character.

From the smaller one I cut off two inches, and placed it in lime-water, as suggested by M. Biermer, Professor of Clinical Medicine in the University of Berne, and as published in the Reporter of Sept. 7th, 1865. It dissolved in a short time. I send you also the vial containing the sediment.

The diphtheritic membrane as expectorated, drawn over a gum catheter—full size.

It may be asked, could anything more have been done in John's case than was done by us? It is evident that tracheotomy would have been of no avail, and we were glad, after witnessing the result of the case, that we did not resort to it.

A tonic, and stimulant treatment, was generally adopted, I believe, by the physicians of this city, during the prevalence of the epidemic, but with no better results than would have attended any other, as nearly all, if not all, died, where the disease attacked the larynx and trachea.

After having witnessed the action of the lime water upon the membrane, out of the body, I determined to try the effects of the lime in the next case of diphtheria, or pseudo membranous croup, occurring in my practice. The first case that presented itself was one of croup, in a boy about four years of age, (son of Irish parents,) residing some two miles from the city. The boy had already been sick two days before my visit. When called, I ordered the father to take out with him some unslacked lime, which he did. Upon my arrival at the house, I found the patient sitting up in bed; severe and distressing dyspnœa; the face and body covered with perspiration, from his efforts to get his breath. The usual harsh, dry cough, and the symptoms all indicating the last stages of pseudo-membranous croup. I determined to try alone the effects of the lime, as I saw no hope in any other treatment. But in what way could I bring it in contact with the membranous formation to dissolve it? I hit upon the following expedient. I placed some unslacked lime in a saucer, and poured over it *hot* water, and then, after throwing a cloth over his head, held the saucer under, so that he was compelled to breathe the fumes arising from the lime in the process of slacking. I retained it for a few minutes, and then removed it. The breathing was some easier, and directly he expectorated a large quantity of tough mucus and phlegm, and was very much relieved. In this process the steam arising from the lime in slacking, contains in it particles of lime, which are thus, by inhalation, brought in contact with the membrane in the windpipe. I ordered lime water and milk to be given, internally, and the *inhalations* to be repeated in the same way, whenever the symptoms of suffocation were severe, and that the father should report to me in the morning the boy's condition.

He came in the following morning; said "he was much better; that the night before, after again inhaling the fumes of the lime, he had vomited up a lot of tough stuff, and got better right away." I prescribed a cathartic to be given him, and the fumes of the lime if he choked up

again. I saw the patient no more. The father reported from day to day, that he was getting better; and finally, that he could "eat as much as ever."

Another case was that of a fleshy little boy, of three or four years of age. Was attacked the day previous to my visit. The mother said he had had a cold for several days, but that the evening before he had commenced coughing croupy, and that she had given him hive syrup, and vomited him several times through the night, but that he was still getting worse. I found the breathing hard, and stridulous cough, with evidence of membranous formation, but not so extensive as in the first case. I left two powders of calomel and rhubarb to be given, and ordered them to send out and get some unslacked lime, and use it as above directed, not having time to remain myself. I visited the child again in a few hours, and found him quite relieved of his difficulty in breathing. The mother said that the lime acted like a *miracle;* that after breathing the fumes for a few minutes, he vomited freely, and was at once relieved. I then ordered lime-water and milk to be given, and when I called the next day, he was so well, that further medicine was deemed unnecessary.

Dr. O. Crook, of this city, reports six cases of diphtheria and membranous croup, in which the fumes of lime and lime-water was used; five of which recovered.

I, of course, would not recommend the adoption of the lime to the exclusion of other remedies, in the treatment of these diseases, but I have no doubt of its powers to dissolve the membrane, when formed; and if its future trials should prove as successful as the past, we will have in our hands a remedy that will, in some measure, rob these terrible scourges of their horrors, and save to many a fond parent their darling child; and if the cause that has led me and others to resort to the use of this remedy, and this communication, shall lead to its more extensive and general adoption by the profession, with like good results, then I shall feel that John's death, although a great affliction to his parents, was not in vain.

HYDROCELE OF TUNICA VAGINALIS.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa.

Subject, healthy male infant, æt. 6 weeks, son of Frederick R., Carpenter's Alley, Alleghany. Tumor translucent, soft and fluctuating, about the size of a hen's egg. Right testis down, and situated at lower and back part of tumor, which was in front of cord. Fluctuation was perceived when the fingers of one hand were applied to one side of the tumor, and the opposite point tapped with the others. Lotions of ammon. mur. and plumb. acet. were employed for three or four weeks, without any perceptible diminution in size of tumor. Compresses were then applied wet, with liq. ammon. acet., and the following administered:

R.	Conii ext.,	gr. j.
	Alcoholis,	gtt. x.
	Aquæ,	f.℥ijss. M.

Of which a teaspoonful was taken thrice daily. All traces of enlargement, etc., had entirely disappeared in twenty seven days after first application.

Healthy male infant, æt. 4 weeks, weight 8½ pounds, son of John W., Locust Street. Tumor presented all the external appearances of other. Acupuncture was resorted to, and after escape of fluid, the tumor was traversed with a thread, having previously been dipped in tr. iodine, and retained for eighteen hours; adhesive plaster and lint were applied, and the scrotum suspended in a bag. The orifice did not heal so kindly as was anticipated, which was combated by simple dressings, and the usual antiphlogistics. Patient took liq. iodinii comp. gtt. ½, thrice daily. All traces had disappeared in five weeks.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

Of Philadelphia, Pa.

(Continued from page 167.)

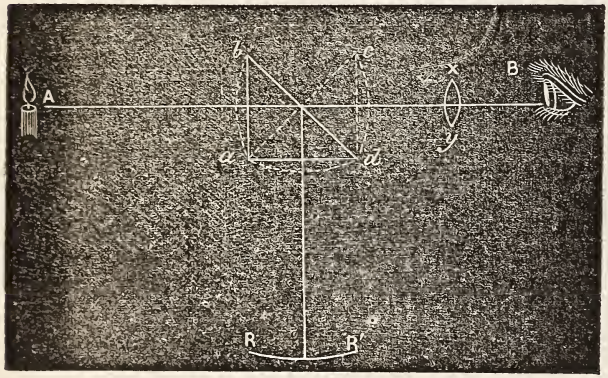
Prismatic Opthalmoscopes.

"Professor Ulrich, of Göttingen, has the merit of having been the first to apply the complete reflection effected by prisms to the illumination of the back ground of the eye. He took two prisms of glass, Fig. 4, *a b d* and *a c d*, presenting in section the forms of right-angled triangles, with equal containing sides, and so united them, that one containing side of the upper prism corresponded with one of the lower; and that the hypothenuse of one intersected that of the other at right angles.

"It follows from the law of total reflection of light, that rays which come from a laterally-placed flame *A*, in a direction perpendicular to *b a*, a containing surface of the under prism *b a d*, will proceed to its hypothenuse *b d*, and will there be totally reflected, so as to pass out through the surface *a d*, and to reach the retina *R R'* of the examined eye, which is thus illuminated.

"The rays returning from the retina will be perpendicular to the surface *a d* of the upper prism, will reach its hypothenuse *a c*, and will there be totally reflected into the eye of the observer at *B*. To concentrate the light, the containing surface *b a*, *a d*, and *c d* may be made convex; or a convex lens *x y*, may be placed in the line of sight of the observer if required."

Fig. 4.



The Ophthalmascope of Fröbelius.

"This instrument is a modification of the original ophthalmoscope of 'Helmholtz,' suggested by the need of a brighter illumination, and consists in this, that, instead of the four plates of glass, Fröbelius fastened in front of the instrument a rectangular glass prism with plane sides, and drilled through from the hypothenuse to one side; so that rays from the flame, falling upon the hypothenuse, may be reflected into the patient's eye; and returning rays may be transmitted, without reflection, through the perforation of the prism and a concave lens, to the observer.

"For easy application of the concave lens, Fröbelius employs a Rekoss's disk, with glasses No. 6, 8, 10, and 12."—"*Zander.*"

"Meyerstein" and "Coccius" have each contrived ophthalmoscopes of glass prisms, of the same character as those described, and "Zehender" employed prisms, of which the sides containing the right angle were ground to be either concave or convex, as required, so as to obtain a stronger illumination.

Dr. A. Zander states, that "while, on account of their total reflection, the illumination by prisms is very good, yet still their application in practice has more disadvantages than benefits. They are high in price, their management is difficult, and in repeated or very careful examinations, they become fatiguing, because in order to inspect the whole surface of the retina, the position of the flame requires frequent alteration. Moreover, the observer loses the focus that is afforded by a concave mirror, or by a plain mirror united with a convex lens." Dr. Giraud Teulon has availed himself of the use of prisms, and has constructed, with the aid of M. Nachet, Jun., a "Binocular ophthalmoscope," a beautiful and ingenious invention, so as to fully realize stereoscopic effect, which we shall describe and fully illustrate in our succeeding papers.

Solar Ophthalmoscope.

We described an ophthalmoscope of "Meyerstein," in which, by means of a cup which served to screen the patient's eye from light, so that this ophthalmoscope could be used in any room during the day, but more recently Dr. Macdonald has dispensed with artificial light, and employs solar. "The reflection from plane orconcave mirrors being too dazzling, convex mirrors only are employed. Of these, two are used—one with curve of 4″ radius, and the other of 8″. They are about 1″ in diameter, composed of glass; and their silvering is removed from a central circle 1‴ in diameter. The patient is placed with his back towards the sun, and the examination is conducted in the usual manner. In our examination of the "Ear," we have no hesitation in concentrating the full rays of the sun upon any part of it, without any fear of producing injury, but we should hesitate to illuminate the retina by any other light than that produced by artificial means, as the numerous cases which have presented themselves to us of injury to the retina from the sun's rays, shows its injurious heating qualities. We would therefore advise caution on the part of the student.

Dr. Barnard Davis, the author of "Crania Britannica," proposes to issue in London an octavo volume of upwards of three hundred pages, with woodcuts, entitled "Thesaurus Craniorum," being a catalogue of skulls of the various races of man. His collection comprises between fourteen and fifteen hundred specimens of skulls and skeletons, and is probably the largest in the world. The preparation of the catalogue has occupied four years. Appended to each section will be given references to all the known figures and descriptions of the skulls by different writers, so as to form a bibliography of craniology.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Wednesday Evening, Oct. 25th, 1865.

Cholera—(Continued from page 209)

Dr. John Bell referred to the various theories of the pathology of cholera, remarking that the most probable conclusion was that it resulted from an atmospheric poison. He thought that too much attention had been paid to the prostration resulting from the disease, and that it was regarded as a malady which called for the continual use of stimulants and the whole class of remedies of that description. An analysis of the phenomena would show the existence of a high irritation rather than an excessive debility, or that the nervous system was greatly disturbed. The coldness of the skin was but one symptom of the disease, and was associated with a poisoned condition of the blood and an altered condition of the nervous system.

During the cholera of 1832, some of the physicians with whom he was then associated had prepared themselves by various apparatus for the application of external heat to different parts of the body, but without benefit. The patients exclaimed that they were being burned, and begged the application to be removed. The nervous system being in a state of great excitement, if an effort was made to produce any warmth at all, it should be of a very moderate kind, high heat being injurious. The character of the remedies should be soothing rather than stimulating or irritating. Friction with ice had been tried, and no doubt with good effect, the result in many instances being satisfactory. Most reliance was placed on continued dry rubbing with the hand, or with flannels and a flesh brush. More will be gained by this means for the purposes of counter-irritation with a view of producing reaction, than by sinapisms or blisters.

One of the members had spoken of bleeding as a novelty in cholera practice, but it was freely resorted to in 1832, and with considerable benefit. Some contented themselves with cupping the abdomen, in some of which cases reaction quickly followed. Venesection was practised even in approaching collapse, and sometimes with success. Calomel had been used with favorable results, both on this and on the other side of the water, in the epidemics of 1832 and 1849. But the views and experience of the faculty generally in charge of hospitals in different parts of the world were far from harmonizing with these results. They had not settled down to the belief that they could rely with any degree of confidence upon calomel in this disease. More might be said of its use in very small doses with opium, repeated at short intervals. Its favorable action was evinced in the secretions being restored, and the stomach, bowels, and system generally relieved.

In regard to the alcoholic practice, Dr. Bell contended that its results were murderous. Perhaps the proportion of deaths from this practice was nine out of every ten. The idea that alcohol was a good preventive of disease was a popular one, and one also which it was to be feared was encouraged by some of our profession. It was a most fallacious, and, it might be added, most pernicious doctrine, that the use of alcoholic liquors was a preventive of disease. It was argued, some years ago, that a fever might be kept off by their use, but the fallacy of that argument had been conclusively shown.

The opium practice, like the others, had its advocates. Dr. Bell, in making these remarks, has spoken of the brandy and opium practice as carried out in the village of Hartly, north of England, on thirty-four patients, of whom *thirty-two died.*

He then referred to the influence of emetics in disease, and stated that he had repeatedly seen a tendency to a collapse arrested by an emetic, either of common salt and lukewarm water, three tablespoonfuls of the former to half a pint of the latter, or of ipecacuanha in doses of ten to fifteen grains.

In looking over the whole subject of cholera, it is very evident that more, far more, is to be gained in the saving of human life by precautionary means easy of adoption, than by all that medical science has been able to accomplish in the way of cure.

Dr. Nebinger said, as there was an almost dead calm in the discussion he would endeavor to break the quiet. The previous speaker (Dr. Bell), had objected to the publication of his remarks. This Dr. Nebinger regreted, as Dr. Bell's reference to the pernicious effects of the use of alcoholic drinks, as preventives of cholera, and his well uttered denunciation of the practice, were not only worthy of publication, but deserved to be published in letters of gold, that they might attract and be read by every eye. The terrifically bad effect of the recommendation of the faculty of Philadelphia, and other places, in 1832 and 1849, of the use of alcoholic beverages as preventives of cholera, was well known. The

Doctor had wisely raised his voice against a practice which, while it was well calculated to contaminate the morals, so distempered the body, as to produce a predisposition to an attack of the malady it was improperly used to prevent. If the Doctor had said nothing more, than that which he had uttered in regard to the use of alcoholic liquors, his remarks would be eminently worthy of publication, not only in every medical journal, but in every secular paper throughout the length and breadth of the land.

If any particular aspect of the subject, more than another, should now receive our attention, it is the prevention of cholera. He is indeed an useful physician, who, when called to the bedside of suffering humanity, baffles disease, and materially contributes to the rescue of the patient from protracted suffering, and the grave; but vastly more useful is he, who, by his wise council and labor, prevents the development of disease. All diseases of an epidemic form are susceptible, to a very great extent, of control, by preventive appliances. This is no empty declaration, but one fully established by abundant facts. A mere reference to the published histories of epidemics would suffice to establish the fact, almost beyond a cavil, that the origin, continuation and malignancy of epidemic diseases, has been in due ratio with the neglect of public hygiene, the viciousness of the masses, their defective modes of living, and filthy personal habits. The history, as far as it has been written, of the cholera epidemic now prevailing in transatlantic countries, is no exception to this doctrine. It may with truth be said, that epidemics, such as cholera, yellow fever, etc., are fed, nourished, and caused to grow into great proportions by the malaria of filthy localities, and the neglect of personal and domiciliary cleanliness, and that such epidemic influences depend for their vigor, virulence, and long continuance, upon the conditions named. What constitutes a filthy locality? To particularize in detail would be a waste of time. Yet an example, I will call attention to, as somewhat illustrative of what constitutes a filthy locality, and in connection with it, will state the disastrous results which sprang out of the neglect of public sanitary appliances. In 1849, the cholera prevailed to an almost exterminating extent in Reed street, from the east side of Front street, to the Delaware river. Most of the houses on Reed street were three story brick buildings, two rooms on a floor, well lighted and well ventilated. The conditions of health, as far as the construction of the houses were interested, could not be found fault with, but a few yards only from the door of the last of these houses, the Reed street culvert emptied its foul matter, and at its mouth was a morass of many acres, which at high tide was covered with water, and at low tide was exposed to the rays of the sun. The culvert drained a territory which extended from the river up to the County Prison, a distance of ten squares, or about half a mile. The prison was, as it is now, drained by this culvert of its entire filth, water-closets included. The filth which passed through this culvert was poured out upon the marsh, and there, exposed to the action of the sun, underwent a process of festering putrefaction, and generated an atmosphere which doubtlessly had much to do in producing the mortality which marked the existence of cholera at that place. The foul gases produced by the decomposition of the matter thrown out by the Reed street culvert, may not have created cholera, and in my opinion, did not create it, but it will not I think be disputed, that, that foul atmosphere was not the kind and quality, which had been divinely constituted as an essential of life, and as one of the elements for keeping up vitality to its highest standard. It may however with truth be declared, that it was an atmosphere which would depress the vital forces, produce adynamia, and thus create and exalt a predisposition to the attack of any disease which might prevail epidemically. In breathing that foul atmosphere, the people of Reed street inhaled at each inspiration certain volumes *less* of the pure air which the Deity intended they should breathe, and certain volumes of foul gases which never were designed to be introduced into the system. The sad and melancholy results of breathing such impure atmosphere was that the predisposition to attacks of cholera was so universal, and so exalted in those residing in the locality referred to, that nearly all the residents were attacked by the disease, the mortality of which was unusually large. So great was its prevalence, and so disastrous its results, that the doctor's carriage, and the undertaker's car were seen in Reed street at all hours of the day. Now mark the contrast. During the winter and spring of 1854 the Reed street culvert was extended to low water mark, a bulkhead was constructed, and the morass, embracing an area of many acres in front of, and below Reed street, was filled up and reclaimed. The street from Front street, to a short distance below the built up portion of it, was curbed and paved, and thus its drainage was rendered nearly complete. In the summer of 1854 the cholera made its appearance in Philadelphia again. The deaths from it amounted to six hundred. Reed street, so stricken, scourged,

and almost depopulated in 1849, had as great an exemption from the ravage of the epidemic in 1854, as any other portion of the city. There had been no change made in the buildings, and the habits of the residents in 1854 did not differ from the habits of the residents of 1849. But the local hygienic condition had been vastly improved. In 1849, imperfect drainage, accumulated filth, and great mortality, produced by cholera, were three conditions which presented in Reed street. Good drainage, the absence of accumulated filth, and great exemption from cholera, were the three conditions, which presented in the same locality, in 1854. Such then were the effects of a neglect in the one instance, and of attention in the other, to public hygiene. In the facts presented in regard to Reed street, there is embodied a volume of useful teaching in regard to the incalculable importance, in a healthful point of view, of good drainage, and the prevention of accumulated filth; and the necessity for the prompt removal of every cause which is calculated to vitiate the atmosphere by the generation of foul and noxious gases.

I have presented the condition of Reed street, in 1849, as a specimen of what I think may be fairly considered filth, public filth, filth for the presence of which there cannot be found any palliating excuse, and for whose presence and disastrous consequences the public authorities, who are charged with the business of preventing and controlling, are justly before God and man chargeable. I wish I had it in my power to present to those authorities, in statistics, the long list of those who suffer, and prematurely die, annually in our city; those, I mean, whose sufferings and death every well-instructed physician and sanitarian conscientiously charges to the neglect of the enforcement of the great and well understood sanitary laws, which grace our statute books. And then, too, if I had the talent, I would add to those statistics, faithfully word-drawn portraits of the suffering, the long and weary hours of agony, the wasting of the forms and strength of each of these victims of public neglect, and then, to this, as its grave sequel, I would portray their haggard, ghastly forms, as they present in death, and while I would feel my task not one of pleasure, but of sorrow, yet I should feel some degree of satisfaction, as I held the picture up to the gaze of those public functionaries, in saying to them: "Behold the wreck and ruin your neglect has wrought," and hope thus, for a time at least, to call them from their devotion to the spoils and pelf of office, to the discharge of oath-bound duties, and the full administration, for the public benefit, of the functions of their office.

May I be indulged in asking if we have any Reed streets to-day? Who will answer? We have read of the scourge by cholera in Constantinople, and of the seventy thousand deaths which had occurred there, from cholera; we had also read of the filth of that city, and in that we had read the history of Reed street, in 1849, over again, though in a more extended form. Have we then at this time no Reed streets, no miniature Constantinople in Philadelphia? and if we have, where are our enlightened public authorities, upon whom properly devolves the duty of ridding the city of its pest spots, where the germs of disease and death are unnecessarily developed.

I had, as you know, sir, two weeks ago, an opportunity of presenting here a small quantity of material, used in a fertilizer manufactory, located a few squares south of my residence, and so offensive did the atmosphere of the room become upon my exhibition of a quart of that material, that it was necessary, for the comfort of those present, to throw up the window sash, and some of the members quitted the room in haste, and one gentleman informed me a few days afterwards, that the atmosphere so irritated his nostrils as to produce a coryza—such was the effect of the presence here for a few moments of about a quart, or two pounds, of that foul material. Now, sir, what can be the effect upon the health of the community into whose locality, to whose very houses, about four hundred tons of that rotten matter are brought and worked up every month? You, nor I, cannot adequately estimate its baneful effects. These four hundred tons of rotten, partially dried animal matter, are brought into our city every month from the slaughter-houses of Chicago, Illinois, conveyed to the depot at the east end of Christian street in cars, from there hauled in wagons and carts along the streets to the place in the lower part of the city where it is used as a component in manufacturing a fertilizing agent. Four hundred tons per month—forty-eight hundred tons per year, a mountain of this carrion material introduced from abroad into our city, contaminating its atmosphere and diminishing its salubrity.

Is there no law to prevent the introduction of this matter, and thus protect the health-interests of our citizens? And if there is, why is not that law enforced? Who will answer? When the enlightened public authorities were called upon to seize this pestiferous place, and prevent the contamination of the atmosphere, which necessarily must take place from the presence of such an immense amount of putrid matter, they, as it were, folded their arms, treated the complaints

and solicitations with but little less than indifference, and thus virtually declared them unfounded.

The removal or abatement of this and kindred nuisances would be a move in the right direction, in inaugurating and carrying out part of the humane policy for the prevention of cholera, which is so well understood by every well instructed sanitarian. Such apathy, such indifference is being manifested by the authorities, that it really looks as if the citizens have but little to expect from them in the way of sanitary appliance. This being the case, it is necessary that the people by loud and indignant language arouse these authorities from their lethargy and indifference to a proper sense of their duty, and to the prompt discharge of the functions of their office. This must be done, or we may expect cholera to invade our city and mark its presence by a fatality that will surpass its invasion in 1832 and 1849.

The sources of atmospheric contamination, while they may be numerous, are nearly all susceptible of control. Power, ample and plenary, reside in the City Councils and in the Board of Health, to place our city in good and salubrious condition. In the exercise of the power, and the wise expenditure of the pecuniary means necessary to place our city in a cleanly condition, the authorities will be energetically sustained by the people. Let them be up and doing. Let every foul cess-pool be purified. Let the docks be cleansed, the culverts flushed, the culvert-inlets freed and cleansed, the streets properly looked after, foul slaughter-houses abated, bone-boiling establishments closed; in short, every source of atmospheric vitiation controlled, and we will have such an exemption from cholera as the absence of filth alone can secure.

This Society may be an useful agent in assisting in the work of sanitary reform, and in properly instructing the people in the things which it is important for them to know and practise, to prevent an attack of cholera, or if attacked, what should be done to moderate and control its force and violence. To this end, I would suggest that a committee be appointed to inquire into the means which should be adopted for the prevention of cholera, and that the committee be instructed to report at the earliest possible period. Will some member be kind enough to offer a resolution by which such a committee will be originated?

Dr. Mayburry offered the following, viz.

Resolved, That a committee of five be appointed to inquire what means ought to be adopted for the prevention of cholera, to report at the next meeting, Nov. 15th.

The President appointed Drs. Nebinger, Bell, Mayburry, Gebhard, and Coates, the committee,

On motion, adjourned.

PATHOLOGICAL SOCIETY of NEW YORK.

Among the specimens and cases presented before the Society, at the meeting of March 14th, were the following:

Colloid or Enchondromatous Tumor,

Presented by Dr. Rodgers, which had been placed in his hands by Dr. Carnochan.

A man 45 years of age, came to this city about fourteen years ago to obtain medical advice in reference to a tumor, of large size and rapid growth, situated over the epigastrium, presenting the appearances of colloid tumor, and supposed to be connected with the stomach or pylorus. It was removed, and at the operation a portion of the cartilage of the sixth rib, to which it was attached, was removed with it. Since then the growth became reproduced. No second operation was however performed, and the patient died a few days ago of pneumonia.

The tumor presents three lobes of uneven, nodulated surface, of very great firmness, with attachments to the cartilage of the sixth rib, the zyphoid cartilage, sternum, and was also connected with the peritoneum. The microscopical examination reveals an abundance of apparently crystaline plates or scales of different shapes, some few nucleated and caudate cells. The crystaline structure is the most abundant.

Dr. Krakowitzer suggested that the tumor, properly speaking, was an enchondroma, the term "colloid" being applicable to many tumors, and signifying a condition, a form of degeneration which tumors of an essentially different nature may undergo. It had been abandoned by the most recent writers, as applicable to a distinct class.

Dr. Rodgers stated that the term was still adhered to by Dr. Gross as applicable to a certain form of tumor.

Cancerous Tumor of Umbilicus connected with the Omentum.

Dr. Post, in connection with the above specimen, related the case of a female upon whom he operated a little over a week ago for removal of a tumor, of livid appearance, adhering to nearly the whole of the umbilicus, hard, and of limited mobility, which rendered it doubtful whether or not it was connected below the abdominal walls. On operating, it was found that the mass of the tumor was external to the aponeurosis of the

external oblique; a small attachment, however, of the size of the point of the little finger was found to dip below, and to be connected with the omentum. The whole mass was removed, including the portion of the omentum involved. Wound healed by first intention, and the patient now is convalescent. Microscopical examination showed the tumor to be cancerous.

Cancer of the Breast.

Dr. Rodgers also presented a specimen of cancer of the breast removed from a woman, 49 years of age. Ulceration was imminent; but the health of the patient good, and no glandular involvement.

Cancerous Tumor of Brain.

Dr. Reynolds showed a specimen of tumor of the brain, removed from a man who had died at the Colored Home on Friday last, having been admitted to the institution in August, 1865. Twelve years ago he had suffered amputation of his right leg for ulceration of the bone.

The first symptom of trouble in the brain was in January, 1864; when, as he was walking home, he became dizzy, his face was drawn to the right side. He was able to walk the next day, but the left leg became weak, and the left wrist drawn in. These symptoms passed off, but were renewed several times, and after every seizure he became weaker. His speech became affected, the eyesight failed, and memory grew deficient; later he was out of his mind. Then again his condition became a little better.

Since December, 1865, he has been confined to bed, sitting up with assistance; bowels very costive, pupils responded to light, at times very severe pain in the head; complexion very sallow. During the last few weeks he was delirious, and at times seized with convulsive attacks. Died a few days ago.

Post-mortem examination revealed serous effusion beneath the arachnoid, amounting to about four ounces. The right hemisphere was less vascular than the other, dura mater thickened. On removing the dura mater the convolutions over an extensive region of the left hemisphere were found flattened, and there was also a false membrane about 2½ inches in length and 2 in width. The dura mater here was elevated, and pressed against the bone, which was excessively thin, almost as thin as paper. On cutting into the brain on this side, masses of tumors were found, while the brain substance surrounding them was very much broken down and softened. The other hemisphere appeared perfectly healthy. There was no deposit in the vessels of the brain. One *kidney* was the seat of a slight fatty degeneration; the other contained a small nodule, consisting of the same elements as the tumors of the brain. At the base of one lung another small nodule was detected.

The case resembles very much one related by Dr. Bennett in his clinical work. The little masses became very easily enucleated, and were of a pinkish yellow color. *Microscopical* examination clearly showed them to be cancerous; they contained free nuclei, here and there a mother cell with nuclei, and now and then caudate cells with large nucleus, and occasionally one or two nucleoli.

Syphilitic Disease of the Brain.

Dr. Peaslee presented the brain of a man, whom he had first seen in consultation some six months ago. He had had epileptiform seizures, and loss of consciousness, etc. The disease was then supposed to be connected with syphilis. The autopsy showed the dura mater on the left side extensively, and markedly thickened ($\frac{1}{4}$ to $\frac{1}{2}$ of an inch) by a hard fibrous development in its tissue, and the left longitudinal sinus adherent to the dura mater and brain, so that vascular connection was interrupted.

Editorial Department.

Periscope.

Laughing in Laryngoscopy,

and a new mode of applying solutions to the larynx, is made the subject of a short paper in the *Chicago Med. Examiner*, by Dr. H. A. Johnson. Sometimes, after vainly using all ordinary means to obtain a view of the glottis and vocal cords, he has succeeded by requesting the patient to laugh. The process of laughing, he says, consists in a forcible expulsion of air, interrupted by a rapid alternation of approximation and separation of the vocal cords. The glottis is at the same time elevated and the pharynx widely opened. The movements are rapid, but do not prevent the observation of color, form, and physiological action of the parts.

In the application of solutions to the vocal cords and interior of the larynx, advantage may be taken of the laryngeal mirror. If a jet from a syringe be thrown directly in the line of vision upon the mirror while the structures below are in sight, the reflected spray will be carried directly down upon the parts observed. If the jet be thrown at the commencement of inspiration, it will reach the interior of the larynx below the true cords. The result is an almost immediate closure of these cords, but the solution can be seen falling upon their upper surface, while the expired air passed up in bubbles between them. It is well, as in other cases, to request the patient to sound the note *ah!* during the process.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 24, 1866.

PORTABILITY OF CHOLERA.—DR. READ.

An important document has been received by us, entitled, "A Communication from the City Physician on Asiatic Cholera, Boston, 1866."—the gentleman holding that position being Dr. Wm. Read,—and as it is a fair example of the noticeable change of opinion which has taken place in the profession during the last six months regarding the *portability* of cholera, we deem it our duty to lay the substance of Dr. Read's report before our readers.

It is especially noteworthy that Dr. Read, in a communication on cholera presented to the Health Commissioners of the city of Boston, as late as October last year, entertained and expressed the opinion that no quarantine should be established in regard to cholera, and "that none of the passengers or crew should be in any way restrained from freely communicating with their friends on shore, or with the city, or from landing at any time with their personal baggage and effects; and no vessel should be detained in quarantine longer than is absolutely necessary to put her in a cleanly condition."

Now Dr. Read, with a sincerity and honesty which commend what he has to say to the more attention, states:

"Since then, evidence has been accumulating so direct in its bearing upon this point, and from sources so reliable, that I have been compelled to change my opinion. The vital importance to this community of thoroughly appreciating and clearly understanding the modes by which cholera is propagated from one locality to another, as noticed abroad, and a deep feeling of my own responsibility in the matter, has induced me to lay before your honorable body, somewhat at length, the evidence upon which this change of opinion has been based."

Dr. Read then adduces the evidence. The report of M. M. Drouyn de L'Huys to the Emperor is first mentioned, showing how, during the last epidemic in the East, the disease was evidently introduced into Egypt by pilgrims, and into Ancona by passengers from Alexandria. Then facts are given from Dr. Müllig's report, with which our readers are fully acquainted.

A vessel arriving from Alexandria at Marseilles, brought sixty-seven Algerian pilgrims, who came from Mecca by way of Djeddah and Suez, where the disease was prevailing at the time. At the date of their landing there had been no cholera at Marseilles. Two of these pilgrims died on the voyage, and another on landing. On their rëembarking for Algeria, the people of that quarter of the city from which they sailed mixed with them and assisted them in *loading their baggage*. In this locality the first cases of cholera appeared, and soon spread over the town.

Thus in the short space of about a month from the time of its outbreak at Mecca, cholera had become established at Alexandria, Constantinople, Ancona, and Marseilles, four great centres, virtually commanding the whole of Europe and parts of Asia and Africa.

Then again, its first appearance in England was at Southampton, a port in direct communication with the infected ports in the Mediterranean by mail steamers, and only four days distant in time from Gibraltar, where the disease was raging.

Some striking facts in the history of the epidemic in this country in 1848 are then given, especially the introduction of the disease into New Orleans and New York by two emigrant vessels, the "Swanton" and "New York," and also of the epidemic in 1832, all tending to show conclusively that the disease does not spring up *de novo*, but is introduced by persons or personal effects.

Another fact illustrating the same point is quoted from the Constantinople correspondent of the *Medical Times and Gazette*, who states that, during the Crimean war, the French troops, who had come from Algeria, where the disease prevailed, had scarcely been disembarked at Gallipolis, when the cholera broke out amongst the people there. From this place the disease followed the French to Varna, where it decimated the inhabitants, sparing, however, the intermediate centres of population, and more especially Constantinople, with which the French had not had any communication.

Dr. Swinburne's facts regarding the cholera as it appeared in the port of New York, in 1865, published in the Reporter, Jan. 13th, are quoted by Dr. Read.

Further evidence to the same effect is quoted from "Report on Spasmodic Cholera," signed by Dr. James Jackson, chairman of a committee appointed by the *Massachusetts Medical Society*, in 1832, from Kennedy's *History of the Contagious Cholera*, the report of Drs. Russell and Barry to the British Government, etc. etc.

It has not been our intention to give a full summary of Dr. Read's report. The only object was to call attention to the significant fact that an eminent gentleman, occupying a public posi-

tion of great responsibility, who formerly entertained views entirely in accordance with those yet held by Dr. Snow, of Providence, has become convinced of the portability of cholera by persons and personal effects, and has the candor to publicly announce his change of opinion.

From the mass of published opinions since our first editorial on the subject, some four months since, it is perfectly plain that we judged correctly when stating, "that *the profession of the United States was not yet ready to assume the responsibility of abolishing quarantine in cholera.*"

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

IV.

Excisions.

Among the *excisions* there are 315 of the elbow, the results being ascertained in 286 cases. In 16 cases, amputation of the arm became necessary; 62 cases terminated fatally, or 21.67 per cent., which is a fraction greater than the mortality from amputations of the arm. The result will probably be modified favorably, when the statistics are completed.

Shoulder-joint.—A total of 575 cases, 252 primary, 323 secondary. The per centage of mortality is 23.3 in primary cases, 38.59 in secondary cases, or a mean ratio of 32.48. The ratio in amputations at the shoulder-joint is 39.24, a per centage of 6.76 in favor of excision. Of 36 cases of gun-shot fracture of the head of the humerus, selected as favorable cases for the expectant plan, and treated without excision or amputation, 16 died, or 44.4 per cent., a ratio in favor of excision of 11.96 per cent. The observation of Esmarch, that resection of the left shoulder gives less favorable results than of the right, is not borne out by the statistics of the late war.

Ankle-joint.—Formal excisions, it appears from the records, are rarely successful, but the judicious use of the gouge and bone forceps is admissible in gun-shot wounds of the ankle-joint.

Knee-joint.—Prior to the present war, there were but seven recorded examples of excision of the knee for gun-shot injury, of which two were successful. During the late war, complete excision of the joint was performed eleven times, two recovered.

Head of the Femur.—Prior to the late war, the number of recorded cases of excision of the head of the femur for gun-shot injury was twelve, with one success. The number of tabulated cases in Surgeon Otis's report is thirty-two (32), with four (4) successes.

Regarding excisions in the continuity of the bones of the extremities, the evidence on the whole, as far as collected, is unfavorable.

Ligations.

The following table exhibits the number of cases of ligation of the larger arteries, from the beginning of the war to March, 1864:

	No. of cases recov'd	*No. of cases died.*	*Total.*	*Ratio of mortality.*
Common Carotid	12	37	49	75 71
External Carotid		2	2	100.
Subclavian	7	28	35	80.
Axillary	3	21	24	87.50
Brachial	53	11	64	17.18
Radial	12	2	14	14.28
Ulnar	9	2	11	18.18
Common Iliac		3	3	100.
Internal Iliac		2	2	100.
External Iliac	2	14	16	87.50
Femoral	25	83	108	76.85
Profunda	1	6	7	85.71
Popliteal	4	12	16	75.
Anterior Tibial	11	5	16	31.25
Posterior Tibial	13	6	19	31.57
Peroneal		2	2	100.
All others	11	4	15	26.66

In all of the 35 cases of ligation of the subclavian, the vessel was secured outside of the scaleni. In 13 cases, it was performed for secondary hæmorrhage after amputation of the shoulder-joint, with 4 recoveries. In 2 cases it was done for primary, and in 15 for secondary bleeding after gun-shot wounds, with injury of the axillary artery, with 2 recoveries. In 2 cases it was performed for axillary aneurism. In 2 cases, with 1 recovery, it was required by secondary bleeding after excisions of the humerus, and in 1 case by a secondary hæmorrhage after gunshot wound, with injury to the subclavian.

Acupressure, as recommended by Prof. Simpson, was adopted in a few cases, with favorable results.

Anæsthetics.

Regarding the employment of anæsthetics, the reports of 23,260 surgical operations performed on the field or in general hospitals, have been consulted. Chloroform was used in 60 per cent. of these operations, ether in 30 per cent., and a mixture of both in 10 per cent. In the field operations, chloroform was almost exclusively used. The returns indicate that it was administered in not less than 80,000 cases. In 7 instances, fatal results have been ascribed with apparent fairness to its use.

The report of Dr. Otis concludes with a brief sketch of the organization of the medical staff in the field, the means of transportation of the wounded, various styles of ambulances, dressings, and equipments.

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

Notes and Comments.

Abattoirs in New York.

The new Board of Health of New York, which is now fully organized, has commenced its active work. One of the first moves has been to convene the butchers, and suggest to them in language that they cannot misunderstand, that it would be proper to move their establishments out of the densely populated parts of the city. Although a little soreness seemed to manifest itself on part of the butchers, regarding "intervention with their legitimate business," the best spirit prevailed during their interview with the Committee of the Board of Health, and it is not improbable that the butchers themselves will assist in abating the slaughter-house nuisance at an early date. If not, why then the Board has sufficient power to make them do so.

The Revival of Medical Journalism.

The work goes bravely on! Almost every passing week brings a new enterprise to light.

We have received two numbers of the *Galveston Medical Journal*, which proposes to be a monthly journal of medical science of not less than 48 octavo pages in each number. Dr. Greensville Dowell is the editor and publisher. The profession of Texas should sustain the enterprise. $5 a year.

We have received a prospectus of the *Detroit Review of Medicine and Pharmacy*, monthly, 40 pages, $3 a year. Drs. Geo. P. Andrews, Samuel P. Duffield, and Edward W. Jenks, editors.

Also, prospectus of the *Southern Journal of the Medical Sciences*, New Orleans, quarterly, not less than 200 pages in each number. *This journal promises well.* Its editors and proprietors are well known to the profession, both as physicians and editors. They are Drs. E. D. Fenner, D. Warren Brickell, and C. Beard. The names of Drs. W. S. Mitchell, A. W. Perry, and Joseph Holt, are also announced as assistant editors. Surely this enterprise will be well sustained. $8 per annum.

Where are Charleston, S. C., Augusta, Ga., and Nashville, Tenn.? In the olden time (we've lived an age in the last five years!) good medical journals were issued from those cities.

The Atlanta Medical and Surgical Journal.

We welcome to our exchange list again, after an absence of some years, the *Atlanta Medical and Surgical Journal*, edited by Drs. J. G. and W. F. Westmoreland. The number before us (for March) is the first of the *seventh* volume. Monthly, 48 pages—$4 a year.

A Great Anatomical Work.

Among the choicest treasures of the Royal Library at Windsor are the anatomical drawings and writings of Leonardo da Vinci. These MS. are contained in about two hundred detached leaves of note-books, and have been the property of the Royal Library ever since the time of Charles II. These exquisite drawings did not escape the notice of the celebrated Dr. Wm. Hunter, who proposed to publish them, but was prevented by death.

Mr. B. B. Woodward, Librarian of the Royal Library, now proposes to publish these drawings in a work which will consist of about two hundred and fifty plates in folio, with text of the MS. printed in full, an English and a French translation, and all needful notes and elucidations. It will be issued in twenty parts, at the price of one guinea each, and the work was to commence early this year. Mr. Panizzi, Principal Librarian of the British Museum, will superintend the text, and Dr. Sharkey, Professor of Anatomy and Physiology in University College, London, will assist in the preparation of the scientific commentary.

Subscriptions will be received by J. B. Lippincott & Co., of this city.

Books, etc., Received.—*Physiology of Man.* (Introduction; The Blood; Circulation; Respiration.) By Austin Flint, Jr., M. D. D. Appleton & Co., New York. *Review preparing.*

Tribute to the late Thomas W. Blatchford, M. D., of Troy, N. Y. A sermon by D. Kennedy, D. D.

Memorial of the late Thomas W. Blatchford, M. D. Read at a meeting of the Governors of Marshall Infirmary, Troy, N. Y., Jan. 29, 1866, by James Thorn, M. D.

☞ Dr. Daremburg has lately published a curious work—"Physic in Homer; or Archæological Essays on the Physicians, Anatomy, Physiology, Surgery, and Physic in the Homeric Poems."

Pension Examining Surgeons.

The Commissioner of Pensions recently made the following appointments:

Ohio—Dr. Wm. M. Cooke, Fostoria.

Missouri—Dr. Wm. F. Rindlem, New Frankfort.

Arkansas—Dr. J. E. Bennett, Fort Smith.

Correspondence.

DOMESTIC.

Asiatic Cholera.—Quarantine.

Editor Medical and Surgical Reporter:

In your Journal of the 17th of February, you say:

"The practical question is, not whether cholera is specifically contagious, but whether the medical profession is willing to assume the responsibility of the whole and total abolition of quarantine?"

This question you desire to see discussed.

This is not the question proposed by me for consideration in these papers. In whatever remarks have been published by me you will find no reference to the general subject of quarantine, nor to quarantine for the prevention of any other disease than Asiatic cholera. I have said that "so far as Asiatic cholera is concerned, *quarantines are utterly useless to prevent its epidemic prevalence.*"

In saying this I had not the remotest idea that I was stating anything new, or original; but only supposed, after much reflection and no small amount of reading upon the subject, that I was simply stating the generally received opinion of the best medical and other authorities in this country, as well as in Europe. I think so yet.

No labored or lengthy argument is necessary to prove this statement. The proof depends upon the character and causes of the disease itself. If cholera is "contagious," or "communicable," or "portable," and if it is wholly propagated by these qualities of the disease, then quarantine may have some influence in preventing its introduction into a community, and sanitary cordons, if absolute, may prevent its spreading.

But if the nature and causes of cholera are such as I have described in the previous letters; if it is an *epidemic* disease, and depends for its propagation wholly upon an epidemic constitution of the atmosphere, co-existing with impure air, from local causes, then quarantine regulations to prevent its introduction are utterly useless. Quarantines have no control over local causes, and no more control over the atmospheric cause than they have over the winds of heaven.

Cases of cholera may be landed in a city from vessels, or sporadic cases may occur in a city; but the disease will never spread in the community, will never become epidemic, unless the epidemic atmospheric cause is present. We have had proof of this during the past year, in all our cities. In Providence there were two deaths from the disease. In one case, a man returning from Montreal, was able to walk from the carriage into his house, went to bed, and died in two hours, with all the characteristic symptoms of Asiatic cholera.

The quarantine of the "Atalanta" at New York prevented the landing in the city of the few cases that existed on the vessel at the time of its arrival, though it caused more deaths at quarantine than it prevented in the city. But at the same time, there were as genuine cases of cholera in New York city, as there were on the Atalanta, and at the same time, in November, at least two deaths were reported from Asiatic cholera in Philadelphia.

But when the necessary atmospheric cause is present in a place, combined with local causes, the cholera will arise *de novo* in numerous cases, and will spread whether cases of the disease are landed from vessels or not; the severity and fatality of the epidemic depending entirely upon the violence of the atmospheric cause, and the amount and character of the local causes. This has been proved in this country, and will be proved again during the comming summer, if the disease shall visit us, as is generally expected.

The proof, then, of the statement that "quarantines are utterly useless to prevent the epidemic prevalence of Asiatic cholera," is evident from the character and causes of the disease itself.

It is not necessary to continue this subject further. The object of these letters, as stated in the beginning, was not so much to present arguments as to give a statement of what I supposed to be the true and generally received opinions upon the subject.

We might show that the vast weight of evidence is in favor of the statement that quarantines are useless to prevent epidemic cholera; we might show that for every single case in which it is claimed that quarantines have prevented the appearance of cholera, there are at least a hundred cases in which the most rigid quarantines have failed to prevent it; and at least a hundred other cases in which cholera has failed to appear in places, on "great lines of travel," which had no quarantine, and which were in constant communication with places where cholera prevailed. We might also show that quarantines, to prevent cholera, are not only useless, but positively injurious.

We will, however, spare you and your readers, and close with a single appeal to the common sense of the profession. The object of quarantines for cholera is, of course, to keep the disease

out of the country. If they fail to do this, they are useless. Now, is a there a physician in the country who believes that any quarantine that we now have, or shall have, will prevent the cholera from visiting this conntry during the coming summer? In New York city the quarantine is sufficiently rigid to satisfy any one. It gives absolute, despotic control over all vessels that arrive at that port. Is there a physician in the country, even in New York, who believes that the quarantine will keep the cholera out of New York city, or that it will delay the *epidemic* prevalence of the disease in that city a single day?

I do not believe there is one, and therefore, feel perfectly satisfied to leave it to the common sense of the profession to say whether, under existing circumstances, quarantine regulations to prevent *epidemic* cholera are not utterly useless.

Edwin M. Snow, M. D.

Providence, R. I., March 12, 1866.

Cholera and Quarantine.

Editor Medical and Surgical Reporter:

If allowed the space, I wish to say a few words upon the topic of the somewhat controversial correspondence which has lately much interested the readers of your journal.

In its last number (March 17th, 1866), an expression of opinion is given in earnest terms, which, however, its writer promises to abandon "instanter," if evidence to the contrary be adduced. Permit me to venture the belief that, on *two* important points of his communication, I can give such evidence.

He asks (p. 205), "Why are the crews and passengers of ships at sea never attacked with cholera, except they come from places or ports where the disease prevailed?" Now in one such instance, the ship *Tonawanda* of this port, in 1854, I had direct knowledge, from the medical officer of the vessel, of just such an occurrence; cholera breaking out on board severely, when two weeks at sea, there being none at all at Liverpool when they started thence. But other evidence than mine will be more satisfactory. Dr. James Wynne, so well known as a sanitarian and statistician (Report on Cholera in United States in 1849 & 1850), Dr. Baley (Report to the Royal College of Physicians, London, 1854), and Dr. Gavin Milroy (*Brit. and For. Medico-Chirurg. Review*, October 1865, p. 444), are authorities for the statement that, in November 1848, cholera broke out on two emigrant vessels from Havre, one sixteen and the other twenty-seven days out, there being no cholera at Havre when they left; and the vessels being a thousand miles apart.

Secondly; your correspondent, arguing for quarantine, cites Spain as an example of solitary success in *excluding* cholera by a rigid system, in 1854. I should be glad to believe that this was an "instantia crucis," and that with it the whole theory against cholera might stand or fall. I have only to say of it, that, in the best history of cholera yet written, though brief, by Dr. Gavin Milroy, in the number of the *Brit. and For. Medico-Chirurg. Review* above quoted (October 1865, p. 451), the following words are used, speaking of the year 1854: "*Spain throughout its length and breadth* was visited by the disease during the year; *scarcely a province escaped.*"

Tempting as the subject is, I refrain from amplification; but would place myself along-side of your correspondent, Dr. Snow, in this opinion: that quarantine, *without local sanitary police*, can no more exclude cholera than it can the east wind; and that quarantine *with sanitary police* is simply surplusage.

Henry Hartshorne, M. D.

Phila., March. 1866.

Syphilis.

Editor Medical and Surgical Reporter:

The profession in this city cannot but hail with unalloyed delight the organization of a Metropolitan Board of Health, in whose action men skilled in the detection of disease are to have, it is hoped, a controlling voice.

Permit me to make a suggestion to these professional members of the Board: They know full well the dreadful and daily increasing ravages of the syphilitic poison in this great city. They have under their control a number of medical men as sanitary inspectors, and a thoroughly effective police as an executive force. Is it not within their province, and can they not devise a system of inspection, by which, with the help of the agencies quoted, they can materially lessen the spread of venereal diseases?

They may not be empowered to prevent prostitution, but they certainly can find out the tainted women and send them to hospital. The prophylaxis of cholera is yet a debatable point, but with the comparatively little less destructive disease, *syphilis*, there can be no doubt that a rigid inspection, vigorously followed up, would lessen the disease to a very great extent.

If the Board did nothing else, the accomplishment of this one end would be "glory enough." Will they try it? J. T. C.

New York, March 14, 1866.

News and Miscellany.

ANNUAL COMMENCEMENTS.

Graduating Class of Medical Department of University of Pennsylvania.

The Centennial Commencement of the Medical Department of the University of Pennsylvania was held in the American Academy of Music on Wednesday the 14th instant. The Academy was thronged, and the services throughout were interesting and impressive. Prayer was offered by the Provost, Rev. Dr. Goodwin, who then conferred the degree of M. D. on the following graduates 162 in number. The valedictory was pronounced by Prof. Henry H. Smith, M. D.

Canada.—Simon A. Kemp, Andrew G. McPherson, James Murphy.

Nova Scotia.—Stephen Howard.

France.—Francis G. Caumont.

Massachusetts.—Denton G. Woodvine.

New York.—William H. Coe, Archibald Dann.

New Jersey.—John D. Hilton, Isaac S. Long, James A. Petrie, Edward H. Reed, Thomas J. Smith, Obadiah H. Sproul, William H. Sterling, George M. Stiles, Samuel S. Stryker, Jr., Humphrey Swain, John W. Ward. 11.

Pennsylvania.—Henry Agnew, Thomas Betts, Henry W. Birhoff, John T. Brown, Andrey B. Brumbaugh, Platte E Brush (M. D.), J. Albert Cloud, Thomas F. Corsen, Frederic Corss, Wm. C. Crooks, Roland G. Curtin, Robert Hare De Beust, John W. Donges, James B. Eby, William Ellershaw, Samuel C. Ermentront, Richard W. Evans, William S. Forbes (M. D.), John F. Forwood, Jonathan John French. Abraham S. Gerhard, John E. Gillespie, William H. H. Githens, John A. Groff, James G. Guthrie, Frank A. Gutshall, George M. D. Hall, Horace Binney Hare, William L. Hartman, William D. Harrison, David W. Harry. Benjamin F. Herman, Jeremiah W. Hay, John Huffnagle, James H. Hughes, John A. Hunter, William N. Hutchinson, James V. Ingham, Joseph S. R. Irvin, Luther D. Jacobs, John E. James, William Furness Jenks, William H. Johnson, Samuel P. B. Knox, Jacob B. Kreider, Alfred C. Lamdin, Thomas Lancaster, John H. Lesh, Aug. H. Lesher, Amos B. Light, Richard H. Lymer, James Markoe, Jr., John H. McCreary, Francis Buck McDowell, Martin Luther Mench, Geo. W. Metzger, Alex. M. Miller, Samuel Wilmer Morrison, Herbert Norris, Robert O'Reilly, Harry L. Orth, Charles F. Paine, Alexander G. B. Parke, Henry Pennepacker, Chambers S. Reber, Mengel Reed, Thomas Rex (M. D.), William H. Risk, Frederick W. Ritter, Morris D. Rouse, Melancthon L. Ruth, Eugene I. Santee, George W. Shields, Robert Lowry Sibbet, William H. Clay Smith, Francis G. Smyth, James F. Snodgrass, Charles W. Spayd, Edward A. Spooner (M. D.), Henry M Stille, George Strawbridge, Isaac N. Taylor, Edward C. Thatcher, William J. Thirwechter, Charles V. Thome, Stephen Townsend (M. D.), Josiah E Tressler, Michael B. Van Buskirk, Robert L. Walker, John F. Weightman, William H. Weirick, Adam Menger, Jr., Simon M. Whisler, Benjamin R. Whitaker, John S. White, John Weir Weistling, Adam H. Wilson, Isaiah J. Wirebeck, George G. Wise, Isaac B. Yeakel, Joseph J. Yocum, Elijah R. Zeigler. 103.

Delaware.—Ezekiel W. Cooper, Alexis I. DuPont, Thomas C. Frame, John C. Lockwood, Richard H. G. Osborne, Linton Smith, John Alexis Tonner. 7.

Maryland.—Francis Barkdoll, Stephen E. Ford, James H. Frazer, James M. Magraw, Joseph G. Schell, Francis Thomas. 6.

Dist. of Columbia.—Ferdinand A. Hassler.

Ohio.—Joseph Reinmund Beck, Joseph G. McKnight, Charles H. Pinney (M. D.), Ithamar B. Weed (M. D.) 4.

Indiana.—Isaac S. Weyand.

Illinois.—Madison Reece (M. D.), Augustus J. Weirich.

Michigan.—Robert A. Jamieson, Robert A. Whedon (M. D.)

Virginia.—Thomas F. Grayson, George H. I. Marmion, William V. Marmion.

N. Carolina.—William J. Carman, Ruffin B. Ellis.

S. Carolina.—Alexander W. Ellerbee.

Georgia.—Patrick Henry Burke.

Kentucky.—Isaac R. Best, Joseph T. Bright, Ludwell Yancey Browning. Francis M. Downing, John A. Reed, James T. Whitaker. 6.

Louisiana.—John E. Tallon (M. D.)

At a commencement held in July, 1865, the following gentlemen received the Degree of Doctor of Medicine.

Pennsylvania.—Charles Drinker, John H. Palethorp, Francis P. Troxell.

Graduates of Jefferson Medical College.

At a public commencement, held on the 10th of March, 1866, the Degree of Doctor of Medicine was conferred on the following gentlemen by the Hon. Edward King, LL.D., President of the Institution, after which a valedictory address to the graduates was delivered by Prof. Rand. The number of graduates was 165.

British Provinces.—James B. Ferguson, James R. Flood, John McIntosh, A. L. Peck.

Germany.—R. H. Weber.

New Hampshire.—E. R. Hutchins, J. R. May, E. F. McQuesten, J. S. Warren.

New York.—James Gordon, U. C. Lymde (M. D.), Arthur O'Leary.

New Jersey.—Ferd. Brother (M. D.), Joseph H. Homer, Ed. H. Madden, J. W. Webb.

Pennsylvania.—Wm. J. Alexander, Oscar H. Allis, Zacheus P. Ardnt, Cephas L. Bard, Frederick Barrett, William Bartholemew, Geo. W. Beane, Geo. W. Berntheizel, Jacob R. Bixler, Thos. J. Blackwood, Samuel H. Brehm, N. W. Brown, Benj. S. Buck, Alex. L. Buffington, Geo. W. Burke, Henry B. Butcher, Geo. Cheeseman, Jos. H. Christy, S. D. Culbertson, Geo. P. Dare, J. W. Dick, J. F. Donnelly, A. J. Dandore, Jas. B. Ewing, John Ewing, Wm. S. Foster, James M. Gewix, Wm. Gibson, Jr., Fletcher Gilpin, Geo. S. Graham, Wm. O. Griggs, Isaac Guss, Byron R. Harmon, Wm. A. Hassler, Walter J. Hoffman, S. G. Hogdens, T. F. Hollenbach, D. C Haffman, Joseph H. Huston, Wm. M. Jackson, Robert S. Kennedy, G. A. King, T. P. Klingensmith, John Knight, S. A. Knipe, Daniel H. Levan, Henry S. Lindley, Wm. McPherson, T. James Magee, J. R. Mason (M. D.), Geo. F. Matter, Jas. A. Maxwell, J. C. McMunn, J. P. McVickar, I. L. Mingle, W. H. Meredith, I. H. Moore, C. W. Munn, J. H. Musser, Geo. H. Napheys, E. S. Patterson, Geo. G. Rahauser, Jacob Reed, Jr., Jesse J. Reed. Wash. Righter, Franklin L. Sallade, Wm. R. Semans, James H. Snodgrass, T. C. M. Stockton, Wm. T. Thackeray, Ralph M. Townsend, Henry S. Trout, J. H. Way, Wm. H. Webb, J. E. Wilson, J. C. Wilson, N. M. Wilson, Abr. H. Witmer, D. J. Worthington, W. S. Yandt. 81.

Delaware.—G. S. Culbreth, L. F. Ellison, L. S. Rebman.

Maryland.—A. Y. McCormick.

Ohio.—J. Alpheus Brown, John Hill (M. D.), T. S. Hunter, S. E. Hyndman. H. Landon (M. D.), Samuel O Loughridge, H. Muellir, A. M. Whitehead. 8.

Indiana.—C. H. Applegate, J. A. Fitzgerald, T. J. Fritts (M. D.), James S. Gregg, Thomas F. Leech, Robert W. Long, Geo. W. Rhoads. 7.

Illinois—Daniel Berry, M. W. Clendenin, J. W. McDowell, Charles Orris, Hiram S. Roberts, Ezra R. Russell, Alfred A. Sears, B. Shurtleff (M. D.), William M. Newell (M. D.) 9.

Michigan.—Bela Cogshall, F. W. Koch, R. N. Murray.

Iowa.—V. H. Coffman.

Missouri.—John Bryant (M. D.), Jos. S. Cabanne, Robert J. Grug, Alvin P. Lankford.

Virginia.—A Easley.

West Virginia.—J. L. Gillespie (M. D.), F. H. Patton, James M. White.

Kentucky.—J. F. Dangerfield. Tyler Griffin. Richard P. Guerrant, A. P. Hamilton, Wm. L. Hockaday, J. F. McElroy, Thos. L. Newberry, Benj. F. Owens, Finis M. Perkins, M. R. Perry, H. B. Peterson, James Brice Ross, Ephraim P. Russell, L. V. Weathers, Wm. G. Wheeler, Wm. M Wilson, W. B. Conery. 16.

Tennessee.—T. J. Kennedy, Rich. B. Matlack, J. C. Peyton.

North Carolina.—Alson Fuller.

Mississippi.—Daniel T. Price, D. C. C. Rodgers, B. R. Shaeffer.

Arkansas.—S. D Dodge, Wm. D. Phillips.

Kansas.—P. C. Newton.

Texas.—J. E. Burroughs.

The Cholera Conference.

The Cholera Conference met at Constantinople on the 13th of February. Turkey, England, France, Austria, Prussia, Russia, Italy, Spain, Portugal, Sweden, Greece, and Egypt were represented. The United States, Belgium, Holland, and the Papal Government have also been invited to take part in the conference. The proceedings thus far reported were preliminary; the only point agreed upon of importance being a recommendation to the Turkish Government that in case the cholera appeared in Arabia during the spring, all communication by sea between the Arabian ports and Egypt should at once be stopped, until at least fifteen days after all traces of the disease should disappear.

Small-Pox in South Carolina.

The Surgeon-in-Chief of the South Carolina District of the Freedmen's Bureau, has written to the chief medical office of the Freedmen's Bureau for a supply of vaccine virus, as the small-pox is spreading with considerable rapidity in some portions of that State. So also in other districts of the South.

—— Dr. Martin Luther Todd, a resident of Wheeling from 1810, and a physician of high standing, died suddenly, of apoplexy, at Bellaire, Ohio, his recent residence, a few days since.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

MARRIED.

Ball—Stone.—In New York, March 15, at the residence of the bride, by Rev. Dr. J. H Price, Dr. A. Brayton Ball, of that city, and Helen S., daughter of Edward Stone, Esq., of Kingsbridge.

Foster—Cross.—Feb. 27, by Rev. A. H. Domer, J. M. Foster, M. D, and Miss Louisa Cross, both of Clintonville, Pa.

Gallagher—Finglass.—On the 22d of February, 1866, at the residence of the groom's parents, in Lancaster, Pa., by Rev. E. H. Thomas, Dr. Lewis F. Gallagher, of Elizabethtown, Lancaster county, Pa., and Miss Lizzie Finglass, of Philadelphia, Pa.

Lewis—Grinnell—In Adams, N. Y., March 12th, by Rev. Theodore Babcock, D. D., Doctor F. B. A. Lewis, late Assistant Surgeon, U. S. N., and Miss Nettie Grinnell, of Adams.

Pinkham—Frost—In New York, March 15, by Rev. William Bannard, D. D., John Warren Pinkham, M. D., and Cornelia, daughter of Stephen A. Frost, of that city.

Roller—Criswell—March 6th, by Rev. D. H. Barron, in Gaysport, Pa., W. C. Roller, M. D, and Miss Annie Criswell.

Sayers—Gardner.—In this city, on the 13th instant, by the Rev. Alfred Cookman, Dr. K. B. Sayers, of Ohio, and Fannie, only daughter of the late George Gardner, Esq.

Thompson—Pray.—In Rochester, N. H., March 1, by Rev. E. R. Wilkins, Dr. G Newton Thompson, of Boston, Mass, and Miss Lydia Pray, of Rochester.

DIED.

Allen.—At Hyeres (in the south of France). Feb. 26. after a long illness, Eliza Schuyler, wife of Ethan A. Allen, and daughter of Dr. Samuel S. Kuypers, of New York.

Garden.—Near Brownsville, Texas, Feb. 21st, Dr. Wm. A. Garden, late of the U. S A., in the 41st year of his age

Hunt.—In Cincinnati, March 5th, Annie C., youngest child of Dr. James G. and Sarah E. Hunt.

McCallmont.—In this city, on the 10th inst., Marianna McCallmont, wife of George F. McCallmont, and daughter of the late Dr. James McCallmont of New Castle, Del.

Matthews.—On 6th day of March, 1866, at their home, in Gwynett county, Georgia, Emma, infant daughter of Sarah M. and Dr Johnson Matthews, aged 1 year, 2 weeks, and 3 days.

Moody.—In Georgetown, Mass, March 4, 1866, George Moody, M. D., in his 66th year. A graduate of Harvard Medical School, an able practitioner, and a Christian.

Pierson.—In Ukia city, Cal., Feb. 4, of typhoid pneumonia, Dr. E. M. Pierson, formerly from Somonauk, Ill, aged 42.

Sherk.—In this city, on the 15th instant, Emma D., wife of Dr. J. H. Sherk, and daughter of the late Francis Humphreys, in the 25th year of her age.

Williams.—March 4th, at the residence of her son-in-law, C. N. Olds, Columbus, Ohio, Juliette, wife of the late Dr. M. C. Williams, formerly of College Hill, Ohio.

ANSWERS TO CORRESPONDENTS.

Dr. W. P. R., Newmarket, Tenn.—Six Instruments, sent by mail, March 15th.

METEOROLOGY.

Mar. 1866,	5,	6,	7,	8,	9,	10,	11,
Wind	N. W.	N.	N. W.	N. W.	N. W.	N W.	S.
Weather	Clear	Clear.	Clear. High Wind.	Clear. High Wind.	Clear.	Clear.	Cl'dy.
Depth Rain							
Thermometer.							
Minimum	22°	21°	25°	17°	20°	15°	19°
At 8 A. M.	29	32	38	27	29	26	35
At 12 M.	37	37	40	34	32	34	43
At 3 P. M.	38	38	39	35	32	35	41
Mean	31.50	32.	35.50	28.25	28.25	27.50	34.50
Barometer.							
At 12 M.	30.1	30.2	29.9	30.1	30.	30 3	30.2

Germantown, Pa. B. J. Leedom.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

APR 2 1866

THE

MEDICAL AND SURGICAL REPORTER.

No. 474.] PHILADELPHIA, MARCH 31, 1866. [Vol. XIV.—No. 13.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

V.

Portability.—Quarantine.—Mortality.

The disease, as was stated in the last lecture, remained epidemic in New Orleans during the whole winter of 1848–49, the rate of mortality being from 300 to 400 in December, about 600 in January, 300 in February, then a smaller number, and increasing again until June, when the number of deaths was about 2500. Meantime, the disease had ascended the river and appeared in St. Louis in January.

The ship "New York" came to the harbor of New York, and here the disease became epidemic on the quarantine grounds. About one-half of the cases which occurred in the quarantine hospital were emigrants who had been detained from the "New York," and the other half other sick in the hospital. During winter, the disease seemed to die out. But in the spring, other ships arrived, bringing emigrants with cholera. On the 11th of May, the first case occurred in the city; it soon became epidemic and spread, reaching the larger cities, as usual, on the lines of travel.

The history of the disease in 1854 was analogous. During the latter part of 1853, cholera was brought to Liverpool, and during the winter it prevailed more or less extensively throughout England. In the fall, ships arrived in great numbers with sick, for instance, in October, 28 ships with 1141 cases. This time, however, the disease did not make its first appearance in New York. The first appearance of it was in Chicago, during the latter part of April, among recently arrived emigrants; then, on the 16th of May, in Detroit. During this month, but one case occurred in New York. But in June, it became epidemic here, thence proceeding again along the lines of travel. There seems little doubt, from what has already been stated, that the poison may be carried in the baggage of vessels and of passengers.

An emigrant-ship arrived from Liverpool, in 1843, at one of the West India Islands, with cholera; the whole island became affected. A similar observation was made last year in regard to Guadaloupe. All this shows that the cholera-poison can be transported, and whichever view we entertain, as to whether it be contagious or not, there can be no doubt regarding its transportability.

The question next comes up whether it can be excluded by *quarantine*. In Europe, the general impression has been that it cannot. But still there are not a few instances which tend strongly to show that it may. On the Volga there is a settlement of Moravians, people who are proverbially of clean and good habits. During three several epidemics of the whole surrounding country, this settlement was left untouched. In addition to their salubrious habits they had a perfect system of quarantine. It seems to be plain, from the mode in which the disease has been brought to this country and spread, that it may be stopped. We can well enough believe that although an epidemic atmosphere may exist, there may be protection under conditions which prevent the extension of the miasm. Experience has already shown that cholera may appear on quarantine grounds and prevail there, but not extend. It is pretty clear that if New York had no commerce, it would have no cholera; but then, if it had no commerce, there would be no New York. The facts regarding the transportability of cholera have thus been fairly stated, and you can all draw your own conclusions. The question, how far the poison or miasm of cholera can be carried in the atmosphere, is one which is to be considered in the location of quarantines and their distance from populated neighborhoods. It seems probable that this distance is not very great.

Will cholera appear in this country during this spring and summer? This question has often

been asked me. I have uniformly answered, I do not know. There are some peculiarities which it is necessary to consider in this connection. In every instance before, the disease has been lingering in commercial towns of Europe during the winter preceding its occurrence here. But, so far as we know, this has not been the case this winter; neither from London, nor Hamburg, or other seaports, do we hear of its existence this winter. Again, visitations hitherto seem to have proceeded regularly from Central India. The European epidemic of 1832 first commenced in Central India in 1817, travelling slowly onward. The epidemic of 1848–49 commenced its march from the Delta of the Ganges in 1844—taking a low northward progress; generally the diseases reached London, or England rather, from Hamburg. This year, the epidemic began with caravans of pilgrims from Mecca, thence travelled to Egypt, the Mediterranean, affecting Marseilles, and finally Paris. But at present there seems to be, from all we can learn, no epidemic in England. So far the analogy between the present epidemic and those of former years does not hold good. We do not expect it to reach this country at all, if not brought here from English or German ports. The argument, then, regarding the probability of an invasion of the epidemic during the coming season, is not complete, and hence it is impossible to say whether it will come or not. If there should be, however, a new outbreak in Europe, then the chances are decidedly that we will have it.

Let us now turn to some other points of interest,—the *circumstances increasing the mortality of the disease.*

Insalubrity is first among these. Filth, neglect of privies and cesspools, impregnation of the soil by decaying refuse animal and vegetable matter; want of cleanliness, in one word, constitutes a circumstance favorable to increased severity and mortality of the epidemic. A few instances will suffice to illustrate this. Dr. Houston, in the paper already alluded to, states that in the spring of 1833, the market square in the city of Wheeling was in a state of unprecedented filth; the mud, the sweepings of the market, and other impurities, had accumulated to the depth of several inches over the whole square. This dirt was gathered into heaps and carted to the edge of the river bank, just two and a half squares and the breadth of a street from the end of the market-house. The wind, at the time, blew directly in a line from the pile of dirt to a thickly settled part of the town. Between midnight and daylight of the next morning, nearly every member of two families, living in the nearest house, was seized with cholera, and three or four of them died. Others in the neighborhood were taken at the same time, whilst all the houses fronting on the market square became the abode of a most fearful malady. Another instance may illustrate the same point. At Wakefield, in England, there are three prisons in one enclosure. One of the three prisons is near a sluggish stream, on flat ground; the drains of the building run under it, and the water from the stream runs at times back into the drains, and the soil thus becomes infiltrated by noxious fluids; ventilation also is defective. In the other two prisons the opposite conditions are to be found, the ventilation being good, the drains outside. Cholera prevailed extensively in the former, hardly in the latter. Whatever be the cause of cholera, by insalubrious and foul emanations it is intensified. Occasionally exceptions may occur, but as a great practical fact it remains, that those parts of towns and those regions of country are mostly affected by cholera, where least attention is shown to cleanliness, etc., and the laws of health generally.

Insufficient ventilation and overcrowding, form another circumstance which favors the violence and mortality of the disease. Dr. Hanbury Smith, formerly of Cincinnati, reports in the account of an epidemic in that city, that there was one frame building, which was inhabited by thirty-two persons. Eight of the inmates were boarders, and occupied four rooms,—two in a room. The rest were crowded together, from eight to five in a small room. Cholera appeared, and of the twenty-five, *twenty-three* died; of the boarders, who were less crowded, not one was attacked. This case is certainly an illustrative, exaggerated fact of the influence of overcrowding.

The *quality of the water* used for drinking purposes, is probably one of the agents which increase the vehemence and mortality of cholera. The history of Paris seems to illustrate this. The water there is impure at all times, having generally on strangers a laxative effect. The water of the Mississippi valley acts very similarly; not that we assume the existence of any special poison in the water, but simply to state that whatever produces irritation of the bowels predisposes to the disease, and renders its attacks more severe and fatal. Dr. Watson relates the case of a public institution in which the water of an artesian well was used; the district was a very unhealthy one, but when cholera appeared, though it was all around the walls of the institution, none of the inmates, to the number of seven

hundred, who used the water from the artesian well, were attacked.

It would seem that elevation has some influence on its prevalence, if not mortality. As a general fact, it is stated that the higher parts of London are least affected. But here it must be taken in consideration that the higher parts are inhabited by the better classes, more cleanly, and less crowded. It does not seem that elevation alone will prevent it, if its other causes are present. In its general geographical relations, however, it is true that mountainous regions usually escape. There are large regions which have never been visited by the disease; it has not been epidemic in Vermont, nor in New Hampshire, except the seaports, and very little in the interior of Massachusetts. Occasionally it is noticed to ascend to considerable height. Dr. Nicholas Parker has noticed it eight thousand feet above the sea at Langar.

Can the poison be blown about by the wind? Dr. Bryson found it on the English fleet, when several miles from shore, after a cruise of some duration, and before any communication had been had with the shore. In other cases it had been noticed that vessels would become infected at anchor in harbor, when the wind blew from the shore, or from other affected vessels. It is probable that it may be carried a short distance by the wind—but not a long distance, as the poison soon becomes so much diffused as to lose its power. In cities it is difficult to trace any influence from the wind. On the contrary, the absence of wind, a calm, during the season of 1832, rather seemed to increase its mortality. An important fact in this connection, is the march of the disease from India to Bombay, which was accomplished in the face of a violent monsoon blowing day and night in the opposite direction; so also in its march down Bengal, it seemed to travel with greater rapidity when the wind was opposite, than when it was in its favor.

The results of observations regarding the influence of rain-falls, and of barometric pressure upon cholera, are as yet uncertain, and nothing is fully established.

In regard to the period of incubation, it is various, though as a rule it is very short. Dr. Gull puts it down from a few hours to six days.

In regard to the time of attack, no one but Dr. Hutchinson seems to have paid much attention to this. He found the period in 79 cases as follows: 55 were attacked between the hours of 1—12, A. M.; 24 between the hours of 1—12, P. M.; that is, two-thirds were attacked in the morning hours. Of the fifty-five attacked in the morning hours, 10 were attacked between midnight and 4 o'clock, 45 between 5 and 12 o'clock, A. M. The time of death in 73 cases was—46 between 12, M., to 12, P. M.; 27 from 1, A. M., to 12, M. The duration he found to average 54.83 hours;—the shortest period of recovery observed being 16 hours;—48 hours was the average period of duration of fatal cases.

The *rate of mortality* among those who are attacked it is difficult to obtain, as the reports of fatal issues differ in a most extraordinary manner. Taking the large reckoning, however, we shall probably be obliged to say that about one-half of those attacked die. Drs. Spinner and Gerhard, of Philadelphia, who were in Paris during the epidemic of 1832, report that of 97 cases in the Hôtel Dieu 96 died; and they add, that all the principal hospitals nearly equalled this. At other times, smaller reports are more favorable. The mortality in private practice, too, has been remarked to be much lower than in hospitals and public institutions. Some statistics may be interesting.

It appears from the returns, that in France, during 1832, the number of those attacked by cholera was 230,000; of these 95,000 died, or 1 in 2.42.

The mortality among those attacked during the same epidemic was,—

At Quebec, ...	1 in 2.50
" Montreal, ...	1 " 2.50
" New York, ...	1 " 2.
" Philadelphia, . . .	1 " 2.50

The statistics of the number of attacks, and rate of mortality to the whole population in London in 1832, (Gull) was:

Rate of whole number of persons attacked to population, ... 37 in 10,000
Number of deaths, do. . 9 in 10,000

This is low, but we must take in consideration that London has really never been very severely afflicted with the epidemic, and that it boasts of being the best governed city, as far as cleanliness and attention to sanitary rules are observed.

During the epidemic of 1848, the rate of the number attacked to the population was 61 in 10,000
Rate of mortality do. . . 22 in 10,000

In St. Louis, in 1849, the rate of whole number of persons attacked to the population was . . . . . 535 in 10,000
Rate of deaths do. . . 212 in 10,000

In New York, during the same epidemic, the rate of whole number of cases was 112 in 10,000; and the rate of mortality is stated at 58 in 10,000; but this latter is undoubtedly too low, and should probably be placed at about 70 in 10,000.

Regarding age and sex, cholera seems to respect neither. During 1849, the deaths from cholera in all England are reported at 26,000 males, and 27,000 females; and of the diarrhœa, which prevailed as extensively as the epidemic approached, there are reported to have died 9500 males, and 9200 females.

Regarding *age*, there is an opinion that the extremes of life are exempt. But on closer inspection this does not seem true. In early life the poison does not seem to produce cholera in its violent form, but gives rise to an uncontrollable diarrhœa, of which the little patients die, and which is due to the same poison. Advanced age, instead of exempting from the disease, rather exposes to its invasion; or at least renders an attack more dangerous.

During the epidemic of 1849 in England, according to Dr. Gull, of 100 persons living, there died of the disease, including the cholera diarrhœa, at the age of, under one year, 1; from this age to 10 years it diminished markedly, the rate being only one-fifth of the former; from that it increased gradually up to the last age of life; being at 10 years, 1.44; at 45, 5.88; at 65, 9.31; then at 75, 1.87; at 85, 1.227. Thus it is observed that there is a steadily increasing proportion of deaths to the number of persons living, as age advances, from 10 years up to 85.

Another statement remains to be made, namely, that cholera is no protection against itself. A person who has had an attack is not proof against a repetition. A second, or even a third attack may follow. This fact has been especially noticed by Dr. Barth, during the late epidemic in Paris.

Communications.

IDENTITY OF ORIGIN OF DIABETES, ALBUMINURIA, etc.

By Geo. J. Ziegler, M. D.,

Of Philadelphia.

In a recent number of the Reporter you give the essential points of a treatise, which Dr. Rouband lately submitted to the Paris Academy, respecting the "Identity of the Origin of Diabetes, Gravel, and Albuminuria," as if they were entirely novel and original with him. But such is not the case, for I long since advanced substantially the same ideas, in the first, more explicitly, of two articles respectively entitled "Anæmatosis, its Consequences, Prevention and Treatment," and "Hæmatosis, its Natural and Artificial Induction," published in the *Boston Med. and Surg. Jour.*, Vol. XLVI., No. 22, and Vol. XLIX., No. 4, nearly fourteen years ago. In this paper I distinctly pointed out the identity of etiological origin of these with other affections, and maintained that the abnormal production, or defective transformation of albumen, fat, sugar, etc., were not only the result of the same general cause, but immediately dependent upon a constitutional disorder, which consisted in a derangement of nutrition from a deficiency or mal-assimilation of the constituent elements of the atmosphere—oxygen and nitrogen, the particular abnormity being more or less directly connected with a special diathesis, which I designated accordingly. I affirmed, moreover, that albuminuria, glucosuria, gravel, etc., with the concomitant local lesions of certain organs, especially of the kidneys, were but sequelæ of the constitutional derangement, and the direct result of the disproportionate quantity and undue elimination of these substances.

In proof of this priority of thought and publication, I present the following extracts from the essays mentioned:

1st. "It having been already demonstrated that the primary condition (in tuberculosis) is dependent on the failure of some link in the great chain of organization or animalization, and that it is usually, if not generally, in consequence of the defective hæmatosic metamorphoses, and that the tuberculous development is a mere result of this primary derangement of a fundamental organic process, it remains now to extend the application of this principle to the elucidation of other obscure pathological points, and thus determine how far the same cause is active in the production of similar derangements.

"Strongly analogous to this condition of tuberculosis, are those states or diatheses, the effects of which are known as fatty degeneration, and when extensive, obesity; albuminous condition of the blood, with its excretion, as in albuminuria, or its deposition, giving rise to those anomalous renal affections and complications generally included under the denomination of Bright's disease; the excessive production and evolution of saccharine matter, as in diabetes, etc. Recent investigations not only of a physiological and pathological, but experimental character, fully demonstrate the truthfulness of this view. Yet to sustain it more definitely, I have only to refer to well known facts bearing on the subject, and the opinions and experiments of the most celebrated men engaged in the investigation of medical science.

"The consequences arising from the generation, retention and presence in the system, the conversion and deposition into various tissues, and the expulsion from the economy of the various principles above designated, are strikingly analagous in numerous respects. Thus when the lungs become inadequate to, or are impeded in the due performance of their function, the liver, having,

in consequence, an excess of duty to perform in eliminating the carbo-hydrogenous elements or materials, soon becomes incapable of the increased effort, or derangement more directly ensues, when its own structure is either modified, the general fatty tissue increased, or both are effected, besides the occasional induction of other more occult and ultimate changes. In the second, in consequence of the abortive animalization, the albumen does not become converted into true plasma. Hence it is necessarily thrown on such organs as the kidneys for removal from the body; and as long as they are capable of successfully performing this duty, it is discharged, and the vital equilibrium, so far as it is thus dependent, partially preserved. But after a time their excreting forces fail, or their vessels and tubes become infiltrated with this matter, when similar effects result from its presence, and the consequent irritation and degeneration induced, as follow and are effected in the lungs by tubercle, differing, of course, in their character according to the substance, tissue, organ and function implicated. In the last, Bernard has shown that glucose is formed in the liver; and Reygnoso, that its presence in the urine may be caused by those agents which will moderate and check the respiratory function—presupposing, of course, in all of these aberrations, that the peculiar or specific diathesis is active, one being more predominant than another, according to controlling or modifying circumstances.

"Now I am convinced, from the evidence thus afforded, and the careful examination of facts and principles connected with this subject, that all of these conditions and adventitious materials —the first of which is known as Tuberculosis and its production tubercle; by analogy the second may be denominated Adiposis, the result of which is fatty conversion and degeneration; the third, Albuminosis, giving rise to albuminous evolution and its consequences; and the fourth, Glucosis, or the undue development, non-conversion and expulsion of sugar—are all dependent most generally and directly on one great cause, and that is inefficient oxygenation and nitrogenization of the blood and the materials about to form, and those resulting from it, or, in other words, defective hæmatosis. Hence this subject resolves self into the class Anæmatosis and its orders, thus:

Class. Anæmatosis.
Order i. Tuberculosis.
" ii. Adiposis.
" iii. Albuminosis.
" iv. Glucosis.

"There are also other orders of this class, such as Toxicosis, etc., but they will not be specially noticed in this paper, particularly as the subject matter has been before alluded to in former publications.

"It is obvious that the failure or deficiency of this principal function, viz., respiration and the consequent defective hæmatosis, must necessarily produce derangement of all the other organs and functions of the economy, and if extended too far or continued too long, rapidly or gradually, directly or indirectly, prove destructive to life action. The result of a partial and gradual deprivation of atmospheric air is generally, however, so slowly and obscurely manifested as to excite very little if any notice, whilst the phenomena and effects induced by its sudden and complete privation are so striking as to attract immediate and universal attention, and excite active efforts to avert its disastrous effects. Still, the effects of the former, though not so apparent, are nevertheless as certainly active, and the most primary aberrations are to be found in the derangement of the functions of the great nutritive and depurative organs as above indicated, viz., the stomach, lungs, liver, kidneys, etc. It requires but a very superficial examination of the functions of these organs, the latter especially, and the elements essential to them, to be able to trace the general effects resulting from the protracted partial privation of the stimulus and elements afforded by the atmospheric influences and constituents, and the metamorphoses induced by and through their agency. The immediate or ultimate effects of this deficiency or deprivation are too generally the modification, and often complete subversion, of the vital processes, and the development of adventitious matter and their consequences; of which we have before spoken."

2d. "The applications of the nitrous oxide to the derangements implicated or connected with the secretory apparatus, are, therefore, numerous and sufficiently apparent to render unnecessary a more particular reference to them. Still, in consequence of the great importance of the subject, and the firm belief that this agent and its analogues will always prove useful and positively curative in many conditions now not at all or but partially under remedial influence, I will briefly specify, in addition to former general allusions, some of them; and particularly such as are included in, and are related to the lithic diathesis in its most extended connections. Among these I will mention those of the uric, oxalic, lactic, phosphoric and hippuric acids, and the xanthic and cystic oxide diathesis, all of which, though more especially incidental to, or associated with the renal apparatus, are a consequence of deranged action in the general economy, and thus often a direct cause of further local and universal disturbance, as gout, rheumatism, etc. Those connected with other organs, as the concretions of the liver and gall-bladder, composed as they are, frequently and principally, of cholesterin, may also be mentioned; and, finally, those other analogous morbid matters and associations found in different parts of the body, and all of which, doubtlessly, immediately and primarily result from a deficient supply of the chemical elements of this agent, either one or both, as the case may be, necessary to the normal transformation and disintegration of the nutritive materials and tissues, and the ultimate evolution of the healthy excrementitious products of the economy."

Further evidence might be adduced if necessary, but the preceding will probably suffice.

It will thus be seen that I have not only long since anticipated Dr. Routband's leading ideas, but also extended the subject far beyond his point of view, which fact may be made more clearly

apparent by the following postulates from the above.

I. That albuminuria, diabetes, lithiasis, etc., had, in the main, one common etiological origin.

II. That they were but local manifestations of a constitutional derangement.

III. That they were more or less directly dependent upon a constitutional predisposition or special diathesis.

IV. That the primary disorder was defective hæmatosis or deranged nutrition.

V. That the local lesions of the kidneys and other organs were but secondary affections or sequelæ.

VI. That the disproportionate production of albumen, fat, sugar, uric acid, etc., were the result of defective metamorphosis, from a deficiency or mal-assimilation of the constituent elements of the atmosphere—oxygen and nitrogen.

VII. That all such abnormities were to be treated most rationally and successfully by a due supply of these essential elements in a state best adapted to promote their affinitive reactions with the components of the body and insure healthy transformation, depuration, and invigoration.

It may be proper to add in conclusion, that in directing attention to this subject I am not influenced merely by considerations of a personal nature, but also by a desire to invite thought in this direction, and present the claims of American medicine.

TRAUMATIC TETANUS INDUCED BY TOPICAL BLOOD-LETTING.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa.

Was called to see Thos. K., of Scott st., on the 3d of February, and found him in the following condition: Complained of great pain with tenderness of right hypochondrium, and occasionally of corresponding shoulder. The tongue was coated with dry yellow fur, a disagreeable taste was felt in the mouth, with frequent eructations, which were so bitter and acrid that even the lining of the pharynx was slightly excoriated. The skin was hot and dry; the conjunctiva tinged of the characteristic color, and the pulse hard and full, and frequent. There was no excretion, not even excepting the alvine evacuations. Bile was detected in the urine by the application of muriatic acid, which was concentrated by slow evaporation, when the addition of the acid struck the characteristic green color. From the above symptoms I felt convinced that the case was one of hyperæmia, and to confirm my diagnosis I placed my hand upon the right side of the abdomen, and made the patient suddenly turn upon his belly, inclining toward the right side, when the enlarged organ communicated a distinct impulse to the hand. Feeling satisfied that the general circulation tended to keep up the state of congestion present, local bleeding was employed. Ordered half a dozen cups to be placed over the right hypochondrium, warm fomentations, and a purgative draught to be administered.

Upon returning to my office found a message awaiting me to visit my patient immediately. Ascertained that the moment the cups had been placed on, he fainted away, though no blood had as yet been drawn. Fomentations were employed to induce bleeding, purgative draught administered, with an opiate at bed-time.

Upon visiting him the next morning found the following complications present: The pulse soft and feeble, with the tongue dry and brown. Skin hot and covered with a copious perspiration. The eye had a wild expression, with the nostrils expanded and the corners of the mouth retracted. There was unusual aching and uneasiness in the muscles. Respiration was hurried and laborious, and the smallest quantity of fluid excited spasmodic symptoms in the œsophagus. Excruciating pain was felt about the throat, chest, and spine.

At this stage of the disease I felt that I had *traumatic tetanus* to contend with. Are we to attribute this complication to the active morbid congestion then existing, or to the effect of the bloodletting? Irritation may exist in a system without any other part participating in it; it depends then on the local organic movement only, and on the nutrition of the part. As soon as this irritation is increased to a certain degree, it is transmitted to other parts of the system, but without changing its nature. For the relief of the urgent symptoms present, the following was ordered—

R.	Tr. opii,	f.ʒiijss.	
	Ant. et potass. tart.,	gr. ij.	
	Tr. aconit. rad.,	f.ʒss.	
	Tr. asafœtidæ,	f.ʒvj.	
	Gum camph.,	ʒij.	
	Aquæ,	f.ʒiv.	M.

of which a dessert-spoonful was taken every two hours. The following embrocation was rubbed on the spine corresponding to pharyngeal plexus, three times daily:

R.	Tr. aconit. rad.,	f.ʒij.	
	Chloroformum,	gtt. xx.	
	Morph. murias,	gr. xv.	
	Ung. simplex,	ʒj.	M.

An assistant was instructed in the administra-

tion of chloroform, and the moment the patient experienced a sensation of spasm, free inhalation was resorted to, instruction having been given to allow a free abundance of atmospheric air during its use. The patient improved from day to day, without change of treatment. He complained of right side, which was still enlarged and tender on pressure, for the relief of which brisk purgatives, alternated with a tonic and cordial, were used. Each morning a draught composed of

℞. Ext. taraxaci, ʒss.
Aq. cinnamomi, f.ʒss. M.

was administered; and each evening one pill composed of

℞. Pil. col. comp., gr. ij.
Pil hydrarg., gr. iij.

The patient used the nitro-muriatic acid foot-bath morning and evening.

Regard was paid to diet, etc., during his confinement; as he improved, a more generous one was substituted, with an allowance of wine. He was convalescent on Feb. 9th.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Discussion on Cholera.

At the meeting of the Acadamy, held March 21st, the discussion on cholera was continued.

Dr. Herzog gave a lengthy synopsis of the labors of the Commission appointed by the Bavarian Government during the epidemic in 1854, and of which the most eminent physicians and scientific observers of the kingdom were members.

The results of their close investigations may be stated to be, that the spread of cholera is limited by human traffic and travel; but that the introduction of persons sick with cholera, into a community, is not sufficient alone to start the disease. A peculiar condition of the soil is absolutely necessary, in connection with the cholera dejections, to produce a fermentation by which the cholera poison is evolved. On dry, solid, compact rocky soil, the disease is never generated, though intercourse be ever so frequent with places where cholera prevails; but when the cholera fluids find a soft, muddy, easily permeable soil, the peculiar fermentation takes place, and the disease spreads. Dr. Herzog showed a map accompanying the printed report of the Commission, which gives a complete cholera survey of the kingdom, and shows the prevalence of the epidemic at various localities, and in its variable intensity.

Dr. Hutchinson remarked that he had attended the meetings of the Academy in the hope of hearing the views of the Fellows regarding the treatment. He had seen the two epidemics of 1849 and 1854; the first in the Mississippi valley, the latter in New York. His most valued experience has been that cholera patients should be disturbed as little as possible. He had seen a number of instances in which the patients left to themselves went through the collapse, and reacted without any treatment, while in a number of other cases the same result followed with no treatment but ice and beef-tea.

For the purpose of arresting the vomiting he had found no treatment more successful than an emetic of mustard or common salt. Repeatedly he had noticed the patients, after the administration of these articles, to eject large quantities of undigested food, which had often remained in the stomach for twenty-four hours, and then the vomiting would subside. The treatment, it is true, does not succeed in every case, but still in a sufficiently large number to warrant its use, and he considered it better, from his experience, than opium, chloric ether, creasote, etc. After the emetic he generally gave small doses of calomel every two or three hours, when frequently bilious stools would appear and the patients recover.

For cramps, *forced extension* he considered the best remedy. He had resorted to anæsthesia, and the hot air-bath, but without much success.

He noticed that the patients who vomited and purged most freely generally did the best, unless the discharges were involuntary. This led him to believe that the vomiting and purging was, to a certain extent, an effort to rid the system of the materies morbi.

Opium he considered harmful. In five cases he had resorted to transfusion, or rather infusion of a saline solution into the veins. The effects were striking as far as the temporary revival of the patients from collapse was concerned; but ultimately they all died.

Dr. Herzog mentioned that he had seen dozens and dozens of cases in which infusion was practiced, but not one recovered. He also stated, on a question of Dr. Clark, that the Bavarian Commission recommended sulphate of copper and sulphate of iron as valuable and efficient disinfectants. They seem to have the power of arresting or modifying the chemical process which gives rise to the poison-producing fermentation.

Dr. Harris observed, that earlier in his practice, at the time when he first met Dr. Vaché, at

the quarantine hospital, he thought cholera never was contagious or infectious. But since then a mass of observations had been made which led him to consider the disease as in some way contagious or portable. The facts so observed he would be glad to lay before the Academy at some future time.

While at the quarantine hospitals he had seen some fourteen or fifteen local epidemics. His experience there did not cover quite so narrow a ground as Dr. Pettenkofer's, regarding the manner of propagation of cholera. We certainly did learn that the first cases which occur at the commencement of an epidemic are generally the fatal ones, and that subsequent ones yield much more readily to treatment, when, as it has been expressed, the complement of deaths has been attained.

Dr. Vaché had lost 30 small-pox patients at the quarantine hospital from cholera, when the distance of communication between the small-pox hospital and the cholera wards was between 200 and 300 feet, when strict non-intercourse and isolation of the nurses, etc., was enforced, and the small-pox hospital being located 15 feet higher than the other. Infusion into the veins he had used in three successive cases, but they were all fatal.

Prof. Hamilton mentioned that he had passed through two epidemics of 1849 and 1852. Opium and morphia had never been of any avail in his experience. He knew of two cases in collapse, which recovered under treatment with calomel (large doses) and emetics. But he also had seen recoveries under an entirely expectant plan. He remembered the case of a poor man in the deepest collapse, with no nurse or attendants, and no treatment but a pail of water beside his bed, who recovered. Quinine he had tried without effect. In one case, 50 grains were given; it produced no impression.

To one point he would call attention, the importance of changing the location of those who are exposed to the epidemic. During 1849, along a small village on the shore of the river, near the suspension bridge, situated on low ground, nothing was of avail in arresting its progress until the people were fairly driven out on higher ground; this done, the disease abated.

Dr. Stiles stated that while on duty at the King's County Hospital in 1854, there was an epidemic of cholera there. The hospital contained from 400 to 500 patients, and the inmates of the poor-house and insane asylum in the immediate vicinity swelled the number of paupers to about 1000 persons. In all these institutions large numbers were attacked, and the probable cause of the outbreak was a large lake within 200 or 300 yards from the building, containing the drainage from the hospital. It was observed that as the wind blew over this lake toward the buildings, cholera cases were more abundant and fatal.

Several times, on tying up the arm to practice injections into the veins, it was observed that the patients suddenly died. Hence, such a prejudice existed against the procedure, even among the patients, that it was not resorted to except in extreme cases, and as a last resort. In regard to internal medication in fully developed cases, there seemed to be an absolute indifference as to what medicines are given, because there is no absorption, the tide of the blood being toward the alimentary canal. One means, however, had in his experience been found very useful—friction along the veins in the direction of the venous current.

Another point he wished to refer to, the application of heat. All the patients where heat was applied, in his experience, even as low as 80° F., died. Some experiments, which he had made on the influence of temperature in sustaining life, were interesting in this connection. If young animals are drowned in water at 80, 100, or 115 degrees F., death will take place very soon, and the higher the temperature, the shorter the interval necessary for complete extinction of life, without possibility of restoration. But in water of 70° F., a young kitten may remain submerged a quarter of an hour, and when taken out, life can be restored. The power of resistance diminishes with the increase of temperature.

Dr. Foster had found opium decidedly injurious in his practice. Warm starch injections he had found very useful, if retained at least 15 or 20 minutes by keeping a towel over the anus.

M. Buschmann, a member of the Berlin Scientific Academy, has presented the original manuscript of Humboldt's "Cosmos" to the Emperor Napoleon. It consists of five ponderous volumes in quarto, containing the corrected sheets from which the first edition of the work was struck at Stuttgardt. Humboldt employed M. Buschmann to write out the work from his rough notes. He read, corrected, and enlarged the text, so that each sheet is literally covered by the cramped writing of Humboldt, which in many places is so illegible that M. Buschmann was compelled to copy the whole for the printer's use. M. Buschmann carefully preserved the originals of each copied page, and thus possessed the five manuscript volumes.

Reviews and Book Notices.

Stimulants and Narcotics. Their Mutual Relations: With Special Researches on the Action of Alcohol, Æther, and Chloroform on the Vital Organism. By Francis E. Anstie, M. D., M. R. C. P., Assistant Physician to Westminster Hospital, Lecturer on Materia Medica and Therapeutics, etc. Philadelphia: Lindsay and Blakiston, 1865. 8vo., pp. 414.

We have here a really new medical book; containing novelty, both of thought and observation. Its aim is high; its purpose to destroy and reconstruct. The former task, in therapeutics, was perhaps not difficult; many old theories and dogmas have been falling to pieces of themselves, and other hands were engaged in throwing them down. But to reconstruct is a different thing. Dr. Anstie has, in this, succeeded no better and no worse than most others in the field. He has not a first, but a second-rate mind; and the work proposed will require a Newton or another century of time.

What is it that Dr. Anstie wishes to destroy? It is what he describes as the current theory of stimulation. One part of this was almost exploded already; we mean the idea that "every stimulation, in whatever degree, is followed by a corresponding degree of depression." Ten years ago, the writer of this notice made a direct attack upon the then usual dictum, in a review* of Prof. Wood's excellent and classical Treatise upon Therapeutics and Pharmacology. Headland and others afterward urged valid objections against it; we may consider that Dr. Anstie has now finished it altogether. Thus, for example:

"The *narcotic* dose of alcohol is alone responsible for the symptoms of depressive reaction." "What depression is there, as an after consequence, of a teaspoonful of sal volatile swallowed by a person who feels somewhat faint? What recoil from the stimulus of heat applied in a hot bath, or of oxygen administered by Marshall Hall's process, to a half-drowned man? *Absolutely none whatever.*" P. 147.

But he goes further; proposing (p. 150.)

"1. That the use of the word 'stimulant' be restricted to agents which, *by their direct action*, tend to *rectify some deficient or too redundant natural action or tendency.*

"2. That agents which produce excessive and morbid action of any kind in the organism be refused the name of stimulants, even though smaller doses of them may act in a truly stimulant manner.

"3. That the word 'overstimulation' be entirely rejected from use, as unphilosophical and a contradiction in terms."

* *Philadelphia Medical Examiner*, December, 1856.

And here he goes too far. For such terms deny that any organ of the body *can* be excited beyond its normal *degree* of action, that action being still normal in kind. He asserts thus (pp. 85—86) that opium, in the great majority of European constitutions, "produces nothing resembling mental excitement." What seems so, he ascribes to the "removal of controlling influences," allowing certain faculties to work more freely. Is this all? No. De Quincey, who ought to know, describes opium as giving for the time a *creative* power. Dr. Wood considers the whole mental nature, intellectual and moral, to have a temporary exaltation under its influence. Surely, although *health* is not improved by an unbalanced elevation of one function, it *is* possible to over-excite (over-stimulate) the brain by haschisch, the heart by coffee, the kidneys by ol. terebinth., etc.

Dr. Anstie is guilty of seizing upon a fallacy which he exposes, and just *inverting* it. Others, as he well shows, have made the mistake of concluding that because *small* doses of alcohol, ammonia, etc., excite, therefore the effects of *large* doses must be stimulant also; whereas such doses depress (oppress) in a mode resembling paralysis more than excitation. He then at once proceeds to argue backwards—that, whereas the effects of large narcotic doses are paralyzing and devitalizing, therefore those of small doses (except when something was *wanting*, of the nature of *food*,) must be paralyzing also, or at least cannot be properly called stimulant.

More safely, however, in some passages he states that, in the action of the so-called stimulant narcotics, "there is a radical difference, not merely one of degree, between the action of small and of large doses of the substances which can produce both effects." P. 233. So there is; but this work does not solve the question of the relation, whether it be connecting link or dividing septum between these radically different effects.

Narcosis, he says, is essentially severance of nervous communication. True stimulation he defines as the restoration of normal action by the supply of something deficient, or the rectification of something wrong. Certain problems, however, remain over, which his theory provides no good solution for.

Following Inman and Radcliffe, he ranks *pain* with paralysis and convulsion, as the "reflex of impeded energy." How then, do "paralyzing" narcotics have to be given in larger and larger doses, if pain be very severe? How does it happen, moreover, that tolerance of large doses of opium or alcohol is established, if every such

dose has simply depressed vitality and severed nervous communication? Why does the opium-eater suffer dangerously when his "paralyzing narcotic" is withdrawn for a day? There is clearly something wanting here, which our author's special researches, able and careful as they are, have not succeeded in affording. Harley's observation that strychnia, hydrocyanic acid, ether, and large doses of quinia, all lower the rate of oxidation of the blood still does not explain the difficulties.

Practically, there is much value in Dr. Anstie's analysis of the clinical effects and uses of stimulation, and in his urgent statements in regard to the importance of *dosage*. A small dose of any excitant article may be a wholesome aid to functional or vital action, when a large dose of the same thing would be a poison. The *simplest* stimulants show this, as heat, electricity, oxygen.

Genuine effects of stimulation are classified by our author, as follows: (P. 112)

"I. Relief of pain. II. Removal of muscular spasm, tremor, or convulsion. III. Reduction of undue frequency of the circulation. IV. Reduction of excessive secretion. V. Removal of general debility, or of special fatigue of muscles, brain, or digestive organs. VI. Removal of delirium or maniacal excitement, and production of healthy sleep. VII. Support of the organism in the absence of ordinary food. VIII. Local increase of nutrition *where this is deficient*."

There is a great deal of interest, also, in his examination of the action of the different stimulating agencies available therapeutically. We have room only for the summary of them: (Page 113.)

"1. Quickly digested and nutritious food. 2. Opium, in doses of one or two grains; or morphia, in doses of a quarter to half a grain. 3. Carbonate and muriate of ammonia, in doses of five and ten grains respectively. 4. Alcohol, in doses just too small to produce flushing of the face or sweating of the brow. 5. Chloroform, inhaled (in the proportion of about two per cent. to the bulk of atmospheric air) for a short time; or taken internally, in doses of a few drops. 6. Certain fetid gum resins. 7. Many aromatic volatile oils. 8. The bitters, pure and aromatic. 9. Counter-irritation, as it is called; stimulation, as it should be termed, through the adjacent skin with mustard, turpentine, etc., or with blisters."

The importance of *food* in relieving *pain* is well dwelt upon. There is much in Dr. Anstie's discussion of these topics worth pondering; and his special experimental researches upon æther, alcohol, and chloroform are admirable. Every thoughtful physician will find profit in reading the whole book through attentively. This is the more agreeable, also, because of the excellent style in which it is issued by the publishers.

The Magazines.

Among our exchanges we receive a number of literary magazines. Ticknor & Fields, of Boston, have laid the public, and particularly the professional public, under obligations by the richness and variety of their serial publications, which number four, viz., one quarterly, the *North-American Review*, two monthlies, the *Atlantic* and *Our Young Folks*, and one weekly *Every Saturday*. The *Atlantic Monthly* occupies the foremost rank among our monthlies for real literary worth, combined with vivacity of thought and diction. The number for April is rich and varied in its contents, and is, in every respect, a readable number. It contains fourteen articles in the departments of history, politics, poetry, and fiction. *Our Young Folks* for April, is an unusually good number. *Our* young folks would decidedly miss its monthly visits. We commend this magazine to the attention of all our readers having young people in their families. *Every Saturday* contains selections, and good ones too, from foreign magazine literature. . . . The *Nation*, published in New York, is the most sterling and valuable of our weekly newspapers. Its notes on current events, critical and political essays, notes of travel, and especially its financial review, are all of the first order of merit. . . The *American Agriculturist*, published monthly in New York, is one of the best of our agricultural papers. It is particularly hard on quacks and humbugs of all kinds, exposing them without fear or favor. . . . *Hours at Home*, published monthly in New York, is a popular magazine of religious and useful literature, and possesses qualities of peculiar merit. Its papers in reference to the late rebellion and its historical papers are of especial value. . . . The *Sunday Magazine*, published in London, is an exceedingly interesting periodical. Some of the articles may perhaps be thought a little too heavy, but the high moral tone of all, and the attractive style of such as the "Annals of a Quiet Neighborhood" and "Cottage Poems," are sufficient to give it a high place as a *family* magazine. A sprightly corner for the children would make it yet more complete. . . . Arthur's Home Magazine comes to us this month with even more than its usual attractions; "Petroleum," a sequel to "Whether it Paid," loses none of its interest as it progresses, and "Lay Sermons," with some of the shorter articles, are well worth reading by every one. . . . Peterson's Magazine maintains its usual character for quiet interest. Its articles always have a good moral influence, and are often of a style equal to those of any other monthly. Such writers as Mrs. Ann S. Stevens are always good. . . . Last, but by no means *least* before us, of our monthly exchanges, is our old friend, Godey's Lady's Book. Always sprightly, interesting, and instructive, there is no other monthly that can so well give a new idea to the needle department, a new dish to the table, or a pleasant hour of light reading.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 31, 1866.

PUBLIC CHARITIES.

As a supplement to a recent article on the Insane Poor in Almshouses, and as suggestive of one of the means by which sanitary and other reforms in public charities may be promoted, we take occasion to notice the "Second Annual Report of the Board of State Charities" of Massachusetts, an octavo of nearly 500 pages, and containing a full account of all the public charities of that State, together with such recommendations and suggestions as their condition seems to demand.

This Board was called into existence by legislative enactment two years ago, and among its seven members are three physicians, Drs. S. G. Howe, H. B. Wheelwright and Nathan Allen. The report bears intrinsic evidence of the activity of the medical members of the Board. Its powers and duties are thus defined by the law: "To investigate and supervise the whole public charitable and correctional institutions of the Commonwealth, and to recommend such changes and additional provisions as they may deem necessary for their economical and efficient administration."

Without going into a discussion of the many interesting and important topics embraced in the report, we quote from it the following principles, which should govern the care and treatment of the dependent and vicious classes:

1. That if, by investing one dollar, we prevent an evil the correction of which would cost ten cents a year, we save four per cent.

2. That it is better to separate and diffuse the dependent classes than to congregate them.

3. That we ought to avail ourselves as much as possible of those remedial agencies which exist in society—the family, social influences, industrial occupations, and the like.

4. That we should enlist not only the greatest possible amount of popular sympathy, but the greatest number of individuals and families, in the care and treatment of the dependent.

5. That we should avail ourselves of responsible societies and organizations which aim to reform, support, or help any class of dependents; thus lessening the direct agency of the State, and enlarging that of the public themselves.

6. That we should build up public institutions only as the last resort.

7. That these should be kept as small as is consistent with wise economy, and arranged so as to turn the strength and the faculties of the inmates to the best account.

8. That we should not restrain the inmates any longer than is manifestly necessary for their good, irrespective of their usefulness in the institution.

The action of the Legislature of Massachusetts in creating this Board was timely and wise, and might well be followed by other States.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

V.

Interesting and important as are the *surgical* statistics given in the report of Surgeon Otis, and astonishing as are the large figures from which, when the history shall be completed, we will be enabled to draw much more accurate deductions than from any previous collection of statistics, the preliminary report of Surgeon Woodward on the materials available for the *medical* history of the war opens a field yet more extensive and numerically gigantic.

"The matter collected," says Dr. Woodward, "is partly statistical, partly pathological. The first category embraces the medical statistics of the several armies and general hospitals. The second consists of a number of memoirs and reports by medical officers on the causes, symptoms, and treatment of the more important camp diseases, of numerous histories of cases and autopsies, of the fine series of medical and microscopical specimens in the Army Medical Museum, and the results of the pathological studies conducted under my direction on the basis of these collections."

The *medical* branch of the duties of an army surgeon, although popularly considered secondary, and placed in the background by the more imposing spectacle of flourished knives, really forms the essential groundwork upon which the efficiency of an army depends, as far as the efficiency of troops is influenced by their sanitary condition. This need not be told to any medical officer who has been in the army. Sanitary science and sound medical treatment, the former including not only proper location of camps, provision for cleanliness and ventilation of quarters, but the *proper alimentation* of troops, may render an army still efficient after it has been decimated by battle, while, if these points are neglected, an army of an hundred thousand men will be but a huge gigantic invalid. The importance of proper alimentation of troops in the field can

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

never be over-rated by medical officers or commanders. It is the *first* great principle of success, which was well understood by the great Cæsar. There is hardly a chapter in his Commentaries on the Gallic War, in which, describing an army movement about taking place, it is not preceded by the terse significant "*Re frumentaria provisa*," in our common army phrase, "After grub had been provided for." Cæsar never went ahead without *that*, and the result was that it was not often he had to go back.

From the statistics of the first two years it appears that the mortality from disease, not counting death among prisoners of war or discharged soldiers, was more than five times as great as the mortality of men of the same ages in civil life, and the diseases which produced most mortality were precisely those most under the control of hygienic means.

A popular error, that the medical statistics of the war are unreliable on account of inaccurately kept records of medical officers in the field, is properly disposed of by Dr. Woodward, and he remarks that the most conclusive answer to every objection of this kind is to be found in the character of the reports themselves, as they exist in the official files; they contain internal evidence of the care with which they were prepared, and, it is believed, will compare favorably with any other set of statistical papers in existence.

Mortality Rates.

The mortality of the armies of the United States from disease alone was 48.7 per 1000 of mean strength during the first year of the war, viz., the year ending June 30th, 1862, and 65.2 per 1000, during the second year, viz., that ending June 30th, 1863.

The total strength represented in the records during the first year is 299,936 men, among whom there were 15,183 deaths from disease.

The reports for the second year were less incomplete than those of the first. They represent an average mean strength in the field and in garrison of 598,821, and an average strength in hospital of 45,687. The total strength represented therefore is 644,508, among whom there were 42,010 deaths from disease. These figures are so large that it is to the last degree improbable that the reports of the comparatively small number of troops not represented would have made any perceptible change in the ratio, had it been possible to collect them.

The rates of mortality thus obtained are much smaller than is usual with armies in time of war. In the Mexican war, the annual mortality of our troops from disease alone was 103.8 per 1000. For the British Army during the Crimean War, according to the Parliamentary Report, the annual mortality from disease was 232 per 1000. Among the French it was probably greater.

The mortality of troops was different in the different regions in which the troops operated. For the purposes of comparison, Dr. Woodward divides the United States into three great regions, the Atlantic, the Central, and the Pacific. The exposures of the troops in each of these regions presented certain well-marked characteristics. In the Pacific region, the conditions approached those of peace. The troops were scattered in numerous small posts, and shared few of the active duties of war. In this region the mortality from disease was about 12 per 1000 of mean strength for the first year, and 8 for the second.

In the Atlantic and the Central regions, campaigns were conducted on a grand scale. In the Atlantic region were the several coast expeditions, the Army of the Potomac, and the great battles; in the Central, the expeditions on the Tennessee and Mississippi rivers, and conflicts like those of Shiloh and Stone river. One of the chief characteristics of the Central region would appear to have been the extent of territory over which the operations extended, and the consequent embarrassment in the transportation of supplies; in addition, the malarious miasms, under the influence of which the various malarious fevers are developed, are known to be more intense in the Central region than on the Atlantic slope. In the Atlantic region the rates were nearly 33 for the first year, and 41 for the second; in the Central region, 80 for the first year, and nearly 90 for the second.

RAPIDITY OF THE PROGRESS OF CHOLERA.

A noteworthy fact in the history of epidemic cholera is that it has never travelled with greater rapidity than *man can travel*. In India, says Prof. Clark, its march of progress was about 21 miles a week, sometimes less. In Europe it averaged from 80 to 100 miles a week, which is just about in the rate of increased facility and rapidity of travel in Europe as compared with India. In its crossing of seas, the Atlantic for instance, it has travelled at a rate of about 300 or 400 miles a week, about the rapidity of the travel by vessels. During the late epidemic from Mecca to Alexandria, Ancona, Marseilles, Southampton, Paris, etc., it seems to have travelled with greater speed than formerly in Europe, owing, undoubtedly, to the increased facility and

rapidity of intercourse by the modern means of locomotion.

Whatever general terrestrial or atmospheric causes of cholera there may be, its progress and spread seems dependent upon special and personal contingencies, and so long as there is such high probability that the cholera poison or the special miasm which forms one of its factors may be carried by persons or baggage, we hold that a humane but strict and uniform system of quarantine is a necessity, and we call upon Congress to bless the nation with a good quarantine code.

SUMMER MEDICAL TEACHING.

Never before has summer medical teaching been so active in this city as at the present time. Lectures on specialties in medicine and surgery, with demonstrations and illustrations, and clinical instruction, by some of the most talented men in the profession, many of whom are experienced teachers, offer to the student and recent-graduate, as well as to those who desire to review their studies, unusual facilities for acquiring knowledge.

During the past few years, wonderful progress has been made in medical instruction, and the advantages to the student are constantly increasing.

By reference to our advertising columns, it will be seen that besides the special courses of instruction provided by the Faculties of the University of Pennsylvania and Jefferson Medical College, there is a very complete course by those experienced and popular teachers, Drs. Hodge, Bolling, and Hutchinson, and others associated with them. Dr. Sutton, Dr. Cohen, and we believe others still, whose names do not recur to us, are also engaged in giving special courses, and all, we believe, with excellent prospects.

This activity and thoroughness of medical teaching augurs well for our profession in the future, and we doubt not that, as in the past, so in the future, *progress* will be the watchword with all our medical schools. The continued advance of medical science necessitates activity in those who teach medicine, and we are glad to be able to record such an evident disposition to advance with the science.

TREATMENT OF RHEUMATIC FEVER.—"DO-NOTHING" TREATMENT.

We live decidedly in times of skepticism regarding the treatment of disease. Not only that every physician doubts the propriety of any mode of treating a particular disease essentially different from his own, but among a large class of medical men, comprising too, some of the best talent and the highest eminence, this skepticism takes on a form condemnatory of all active medication. We all remember how Dr. Holmes, some years ago, wished to throw "physic to the fishes." The "do-nothing" treatment, however, is no longer advocated upon purely theoretical grounds. It now claims its legitimacy from actually observed facts at the bedside, and entrenches itself behind those batteries of science,—statistics.

In the last volume of *Guy's Hospital Reports*, we are informed by the *British Medical Journal*, is contained a paper entitled, "Cases of Rheumatic Fever, treated, for the most part, by Mint Water." The cases were under the care of Dr. Wm. Gull, and Dr. Owen Rees, and have been collected by Dr. H. G. Sutton. With the exception of occasional small doses of opium, to allay pain, and in some instances, two or three ounces of brandy, no medication was resorted to, and the disease left to take its natural course, except so far as good nursing, rest in bed, keeping up the sweating, may be designated as elements of treatment.

The object of Dr. Gull was to get at the natural history of the disease, and his conclusions from some forty-one cases treated as indicated, are, that the ordinary treatment of acute rheumatism, *minus* drugs, is as efficacious as the ordinary treatment, *plus* drugs.

Dr. Thomas K. Chambers, referring to the Guy's Reports, communicates in a recent number of the *British Medical Journal* a letter, in which he gives the statistics of another metropolitan hospital, St. Mary's. It appears that between June, 1851, and Christmas, 1863, there were in the wards under his care at St. Mary's, 257 cases of rheumatic fever. Of these—(cases still remaining not being included)—

26 were treated with one drachm of nitre, three times a day.

174 were treated with bi-carbonate of potash, viz., 141 with one scruple, or more, every two hours;—33 with a less quantity.

32 were treated, during the first year, in various other ways.

25 (that is to say, all from May to Christmas, 1863,) had none of these supposed curative drugs; only a little opium when the pain was very severe, and a purgative when the bowels were more than usually costive.

No selection of cases was made, but each method was adopted in every case continuously.

Of the 26 treated with nitre, the mean stay in hospital was 40.0 days.

Of the 141 treated with one scruple bihoral

doses of bi-carbonate of potash, the mean stay in hospital was 34.3 days.

Of the 33 treated with less quantities of the potash, the mean stay in hospital was 40.0 days.

Of the 25 treated *without curative drugs*, the mean stay in hospital was 27.7 days.

Now what do these reports show? Simply that the best treatment has not yet been applied; not that "no treatment" is the best. Dr. Pursell, in a letter to the same journal, calls attention to the treatment of the disease by generous diet and quinia, by which the severest forms of acute rheumatism may be led to convalescence, in a period varying from four to seven days. To judge from the effects which we have lately observed ourselves, from moderately large doses of quinia and iodide of potassium in several cases of acute rheumatism, it seems to us that there are modes of treatment which lead to much better results than leaving the disease to its natural course.

Notes and Comments.

The Insane Poor.

We are glad to learn that Miss Dorothy L. Dix has resumed her special work of looking after the welfare of the Insane. During the war she has devoted herself to the care of the soldiers in the military hospitals.

She devotes this year to the States of New York, Pennsylvania, and Connecticut, and has just commenced a tour through the different counties of this State.

On the 23d, she visited the Insane Department of the Philadelphia Almshouse.

Death of Surgeon Lynde.

Dr. J. H. Van Deman, of Chattanooga, Tenn., in a business note, says: "We mourn in this place the death, by accidental shooting, on Saturday night, February 10th, of Surgeon Lynde, U. S. V., an officer, who had won for himself by his urbanity of manner, kindness of disposition, and skill in medicine and surgery, the friendship of all. He had lately been mustered out of service, and intended remaining at this point to practice his profession. '*Requiescat in pace!*'"

Advertising Quack Medicines.

A correspondent in another column brings a very strong indictment against the *Ledger* of this city on the subject of advertising quack medicines. The fact is, that of late there has been so vast an improvement in that paper in this respect, that the advertisements he refers to were entirely overlooked. The quackery that was particularly spoken of was that of astrologers, secret disease doctors, and villains of that stripe, beside whom such quacks as our correspondent quotes are saints. If the "principle" of the *Ledger* has its "perfect work," there are hosts of other quack advertisements that will be excluded.

More New Medical Journals.

This week *two* are added to our list of new medical journals. We have received two copies of "*The Medical Reporter*, a semi-monthly Record of Medicine and Surgery," published at St. Louis, Mo., at $3 per annum, and edited by Drs. J. S. Alleyne, and O. F. Potter. These numbers make a very favorable impression, and we feel sure that the *Reporter* will receive a hearty support from the profession of the West.

The initial number (for April) of the *Detroit Review of Medicine and Pharmacy*, is received. It is a monthly, of 48 pages, at $3 per annum, edited by Drs. Geo. P. Andrews, Samuel P. Duffield, and Edward W. Jenks. Very neatly got up, and full of interesting matter. Success to it.

Books, etc., Received.—*Diarrhœa and Cholera:* Their Origin, Proximate Cause, and Cure, through the agency of the Nervous System, by means of Ice. By John Chapman, M. D., etc. From Lippincott & Co. *Notice preparing.*

Catalogue of Alumni, Officers, and Fellows of the College of Physicians and Surgeons, Medical Department of Columbia College, in the city of New York, from 1807 to 1865. Pp. 98. From Dr. Ellsworth Elliott.

☞ We are happy to learn that the volume of Transactions of the American Medical Association for 1865, is ready for distribution, and will be sent to members immediately.

☞ In our published list of graduates of the University of Pennsylvania, the name of Dr. A. P. Ryall, of Tennessee was omitted.

Important Order of General Grant Regarding Quarantine.

Head-Quarters of the Army, Adj.-Gen. Office,
Washington, March 12, 1866.

General Orders No. 15.—On the recommendation of the Surgeon-General, the Department Commanders of Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, and Texas, are instructed to cause—

First. All vessels at ports within their Departments, from ports infected with the cholera, but having had no case during their passage, to be quarantined for fifteen days, and thoroughly fumigated.

Second. All such vessels which have had cholera on board during the passage, to be quarantined for fifteen days after the termination of the last case, and thoroughly fumigated.

In carrying out this quarantine, the Department Commanders will consult and ask assistance from the officers of the Navy in their vicinity, and correspond direct with the Secretary of the Navy in reference to such assistance and coöperation.

By command of Lieut.-General Grant.

E. D. Townsend,
Assistant Adjutant-General.

Correspondence.

DOMESTIC.

Cholera; a Plea for the Liver.

Editor Medical and Surgical Reporter:

I have been much interested in studying the various publications on cholera, with which the medical journals during the last few months have abounded, and in following the discussions of medical societies on the subject. Among much valuable information derived from these publications, there is, however, one in the last number of the Reporter, which, I think, it would be unfair to correct pathology and physiology, were it allowed to remain unnoticed before the profession. I allude to the remarks of Dr. L. P. Gebhard before the *Philadelphia Co. Medical Society.*

Dr. Gebhard is too plain and emphatic in the statement of his views to be misunderstood, and his theory and practice of cholera may be condensed into these two short propositions:

1. That the *liver* is the organ mainly at fault in cholera, as *evident from complete suppression of bile.*

2. That because *mercurials* act specifically upon the liver, they are the true remedy indicated.

Now, sir, if there is any *one* particular organ in the human body which has been more slandered and maligned, to which all sorts of mischief has been more unwarrantably ascribed, than the *liver*, I am not acquainted with the organ. Whenever something goes wrong in the system which is obscure, the liver must be at fault, and forthwith it is subject to a sound (?) whipping with calomel, though it be as innocent as a babe. It is the scape-goat of pathology. I cannot hear this organ abused, without offering a word or two in its defence, if your space permit.

1. There is no evidence whatever, offered by pathological anatomy, that the *liver* is the organic *fons et origo* of cholera. It is not found in an unusually abnormal state. Prof. Clark says, that in the majority of cases there is no excess of blood in the organ, nor any marked characteristic change.

2. That the secretion of bile is suppressed in cholera is not shown by established facts and recent investigations. Phœbus and Krombholz have demonstrated by autopsies, *as early as* 1832, that in all stages of cholera there is to be found, after death, neither more or less bile, than in cases of death from other causes. (Sobernheim.) The gall-bladder in the greater number of cases is found full of bile. Why, if there is suppression, is it not empty, as the urinary bladder? Again, the chemical investigations of Parkes, Simon, and others (Prof. Clark), have shown that the evacuations of cholera *do* contain bile, only in a modified form.

3. Even if mercurials act specifically upon the liver, it is a matter of the gravest doubt whether they will do this during the first and urgent stages of cholera. This doubt is based upon the consideration that the absorption of food and medicinal articles during the purging and vomiting stage of cholera is brought to a *minimum* point. The most powerful *nervines*, whose absorption and action take place much more rapidly than that of calomel, have been given in cholera in tremendous doses without effect, showing that they are not absorbed.

4. The general recorded experience of the profession with the mercurial treatment of cholera in large doses, as advocated by Dr. Gebhard, is adverse to its administration. It may have appeared successful in many instances, which probably would have recovered without any treatment, but those who have most extensively used it, have become dissatisfied with the results obtained.

5. There is a probability that large doses of calomel in the milder forms of cholera may sometimes act beneficially by their *direct topical effect upon the intestinal mucous membrane.* Those who have seen the effects of the application of dry calomel upon œdematous swellings of the throat and elsewhere, when the mucous membrane is erethic, hyperæmic, and injected, will have no doubt that the local effect of large doses of calomel upon the congested, hyperæmic, and œdematous surface of the intestinal mucous membrane in cholera, may be the same. Probably the cases Dr. Gebhard quoted belong to this category, as there was in them neither purging nor vomiting, and the calomel had thus a better chance to

act directly upon the mucous membrane. But such cases are rare.

6. In conclusion, the well known effects of suppression of the biliary secretion, when such is known to exist, bear no analogy whatever to any of the phenomena observed in cholera.

Charles F. J. Lehlbach, M. D.

Newark, N. J., March 13th, 1866.

Asiatic Cholera in India.

Editor Medical and Surgical Reporter:

I think you are to be truly thanked and complimented for the very vigorous efforts you are making to fit the profession for a duty which, it seems so generally feared, is soon to be demanded of it. The matter which you are weekly collecting on the causes, conditions, and treatment of cholera must prove of incalculable benefit. I am sure your good work is appreciated.

In reading, this evening, the lecture in your last number, by Dr. Alonzo Clark, and the interesting remarks of Drs. Hamilton, Burns, and other gentlemen on the subject, I have been reminded of a conversation had recently with a very observing and learned friend lately returned from India. He told me that in his own person he had twice suffered in that country from the genuine Asiatic cholera. And that, being engaged in his professional capacity, that of a mining engineer, during a severe epidemic, having many men under his direction, he had had the opportunity of seeing much of the disease. He said that they never seemed to expect the death of a cholera-patient, and that all were treated in one way—as follows:

There was always kept in readiness the following compound, which was administered in wineglassful doses, each dose having added to it an equal quantity of water. If the first was rejected by the stomach, a second was given, and so on.

R.	Brandy, best French,	Oij.	
	Laudanum,	oz. j.	
	Peppermint, (horse,)	oz. j.	
	Black pepper,	oz. iij.	M.

This was kept in a bottle, placed in some warm situation, and shaken three or four times a day. The feet of the patient were kept hot, being enveloped in a cataplasm of garlic and mustard-seed oil, which had been stewed together until the garlic turned brown. Cramps and muscular contractions were treated with this same stimulating combination, aided by the most vigorous and continued friction. My friend assured me that in the stages of severest collapse he had seen this treatment act as if by miracle, and in both instances of attack in his own case, nothing else had been done for him, and that the good effect was almost instantaneously felt.

Seeing that our medical friends all agree as to the necessity for decided stimulation, both internally and and by friction, I am induced to send this Indian treatment to you, premising that my informant is too intelligent and observing not to give an endorsement of value to it. If stimulation is in anywise specific, the indications would certainly seem to be met; if there was a show of a road for circulation, I should think the treatment might break up any reasonable, recent, passive congestion. At any rate, the knowledge of the combinations may be of service to some one, and may not prove unworthy of a corner in the Reporter, viewing them simply in the light of adjuncts. Truly yours,

James E. Garretson, M. D.

Philadelphia, March 23, 1866.

Advertising Quack Medicines.

Editor Medical and Surgical Reporter:

In the Reporter in its issue for December 30th, 1865, it is said, "There are two secular newspapers in the United States which from principle refuse all such (quack) advertisements, the *Ledger*, of Philadelphia, and the *Chicago Republican*." Seeing such a statement from one who is so generally correct, and so remarkably on the side of all that is praiseworthy, and "of good report," and thinking that it did not correspond with my views of the *Ledger*, I had the curiosity to look into that paper, at the same date with this number of the Reporter. Here is what I found—nearly a column, in small type, of "Teeth Extracted without Pain," "Dr. Wishart's Pine Tree Tar Cordial" (can the Reporter tell me the difference between this and "The *White Pine Compound*," which he condemns the *Independent* for advertising?), "White Wax Antilles," cures chapped hands and lips, etc.; "Burnett's Kalliston," remedies *inflammation* from sun-burns; "Itch, Tetter and all Skin Diseases," "Lippott's Great Remedy, never fails to cure;" "Gray Hair Restored without Dying, keeps the Scalp clean, cool and *healthy*;" "Montgomery's Infallible Hair Restorer;" "Japanese Hair Stain;" "Swayn's Itch Ointment;" "Dr. J. S. Rose's Alterative, Great Blood Purifier;" "Dr. Dyott's Itch Ointment;" "Upham's Hair Dye;" "Dr. Ketser's Embrocation for Rheumatism;" "Dr. Zane's Antidote;" "Gayley's Almadine, for chapped hands, etc.;" "Delavan's Ointment for frosted feet;" "Dr. Jayne's Expectorant;" "Needle's Plasters;" "Cox's Dyspepsia Pills, cure in all

cases;" "Jayne's Sanative Pills, for the Liver;" "Jules *Nymph* Soap, eradicates all Cutaneous Eruptions;" "Hasheesh Candy, strengthens the Lungs, and guards against all disease." Really, these are curious advertisements to be found in a newspaper that excludes all quack ones *from principle; and they are all from one issue of the same day with the* Reporter! The editor of the Reporter must have been greatly misinformed, or he has not read the paper. Turning to another date, I find several others of a similar character. I have not seen the *Chicago Republican*, and, therefore, cannot say what is in it. I have not quoted the above to find fault with the *Ledger*, but merely to set matters right with the public.

Might it not be well for the *Ledger* to take a little of Mrs. *Winslow's Soothing Syrup*, which is advertised in it to-day, January 18th, 1866, also, "Ayers' Pills," etc. Strange paper to exclude quack advertisements *from principle!*

Medicus.

Lime Treatment in Diphtheritic Complaints.

Editor Medical and Surgical Reporter:

The case of croup reported in your journal of March 10, by Dr. Geiger, of Dayton, Ohio, was clearly nothing but a case of spasmodic croup. The doctor's own statement of the causes and symptoms fully warrant such a diagnosis. The treatment and its results strengthen the same. He gave full doses of hive syrup. Vomiting followed, breathing was easier. Then he gave calomel, rhubarb, and veratrum viride. Of course the patient recovered. The treatment was just such as would cause the disease to yield. I have tried the lime inhalations in several cases of membranous croup, and in diphtheria. It is a good remedy, but by no means a specific for either disease. Within the past month I gave it a fair trial in a case of membranous croup, but my little patient died on the 7th day from the incipiency of the attack. In another well marked case of membranous croup, treated three or four months ago, the patient, a boy nine years old, the remedy seemed to do good. Calomel, however, in three grain doses, was given every three hours until incipient ptyalism was induced, which occurred on the third day of treatment. Although I believe that in this case the vapor of lime softened the forming false membrane, and so far accomplished an important work, yet I have no doubt the calomel was equally efficient in preventing its further deposit.

In diphtheria, lime water used as a gargle is an excellent remedy.

I do not make these strictures for the sake of criticism. No doubt Dr. Geiger is candid in his statements. But I have so frequently employed new remedies for the treatment of grave diseases, with great confidence of success, which had been infused into me by a sanguine writer for some medical journal who made the recommendation, and have so often been disappointed as to results, that I have learned to receive all recommendations, which inkle of specifics, with caution.

Very Respectfully,

Thad. A. Reamy, M. D.

Zanesville, Ohio, March 15, 1866.

"Army Itch."

Editor Medical and Surgical Reporter:

The description of this pest has been so admirably given by several in your journal, that we will not attempt to add anything more; but simply give the treatment which has never failed in our practice. By doing this, we may answer the questions which have been several times asked in the Reporter.

Dr. Wilson states, in his article, that he could not effect a cure with sulphur ointment. Possibly we have had a long series of mild cases, although we had hundreds, yet, as we said before, we can recollect of no case which was not cured by the following formula, if used as directed, viz.

Aromatic Sulphur Ointment.

R.	Potassæ sub-carbonatis,	℥ss.
	Aquæ rosæ.	f.℥j.
	Olei essentialis bergamot,	f.℥ss.
	Sulphuris sublimati,	
	Adipis,	āā ℥xx.

Misce. ft. ung. *Ellis' Med. Form.* 1831.

First, we order a saline cathartic. After which, a good bath with warm water and soft soap, after this bath the above ointment is to be rubbed on the eruption every evening, and washed off in the morning with warm water and castile soap.

We at first gave, in addition to the above, some alterative internally, but meet with the same success without it, so we seldom use it.

S. K. & C. G. Treichler.

Jonestown, Pa., Feb. 27, 1866.

A Medical Law Proposed for this State.

Editor Medical and Surgical Reporter:

I notice in the proceedings of our State Legislature, that the Hon. Mr. McAfee introduced a bill before the house, March 1st, prohibiting physicians and surgeons from practicing unless they are graduates, or properly examined or qualified before State Commissioners; this is an excellent bill, one which should have been passed years ago.

How many hundreds of quacks are there in our State, under the name of doctors, who are not only doing an injury to the good name of the medical profession, but are, through their ignorance, destroying many valuable lives. Is it not time that a bill similar to the above be passed by our legislature, and a heavy fine imposed upon all who are practising medicine without being properly licensed. Let the profession go to work and send petitions to our legislature from *every* county in the State, in favor of the bill, and let these petitions be sent *immediately*. Should the bill become a law, it will be the means of driving out of our State a large number of mountebanks. E. Franciscus, M. D.

Milton, Pa., March 8th, 1866.

News and Miscellany.

Dr. Vœlcker on Disinfectants.

Dr. Vœlcker recently delivered a practical lecture to the members of the Royal Agricultural Society on the subject of disinfectants, of which we reprint a portion.

The professor stated that microscopic researches have proved that the contagious matter of cattle plague consists of minute and peculiar organic cells moving about rapidly, that these cells were found in the dung of diseased animals, and, it was believed, might be given off by lungs and skin, and thus, either from the droppings, or floating about in the atmosphere, and capable of being wafted some distance, were introducted into the blood of animals brought within range of their baneful influence. He divided the subject under three heads—viz.: 1. Various disinfectants recommended, their mode of action, and efficiency. 2. Application of same for particular purposes. 3. Means of prevention. He first explained the nature of a true disinfectant, and how incorrectly the term was often applied to agents that acted in a totally different manner. The term disinfectant should only be applied to those matters that can actually destroy the contagious matter, whereas it was often applied to substances which neutralize or destroy gaseous products of decomposition; thus, sulphate of iron removes sulphureted hydrogen from the air without destroying the animal matters, which, on decomposition, evolve this gas; whereas chlorine and nitrous acid completely break up or destroy decomposing matters, converting them into their ultimate gaseous products, which are comparatively harmless. The latter are true disinfectants, as well as deodorizers. Again, substances which retard or prevent putefaction are antiseptics; thus, weak solutions of carbolic acid do not destroy, but arrest putrefaction.

As true disinfectants we may class chloride of lime, chlorine gas, sulphurous acid, nitrous and nitric acid, charcoal, quicklime, caustic alkalies, earth, manganates and permanganates, and the action of fire.

Chloride of lime, which is, perhaps, the most useful of the above, acts by yielding up oxygen, which destroys organic matters; 1 pound of chloride of lime to 3 gallons of water forms a proper solution for applying to droppings of cattle, washing down floors, walls, etc.; while 2 ounces of the same, with 1 gallon of water, is a suitable mixture for washing our hands, or sprinkling on the clothes of those engaged in attending on diseased animals.

Chlorine gas and sulphurous acid fumes are useful for disinfecting buildings. The latter is the easiest to apply, as the combustion of ½ pound of flour of sulphur, in three or four little heaps on the floor, will produce abundance of sulphurous acid.

Nitric acid for the same purpose, obtained by mixing 4 ounces powdered nitre, 4 ounces oil of vitriol, and 2 ounces water in an earthen vessel, and heating over a brazier.

Nitrous acid is made by pouring ½ pound of oil of vitriol on 2 or 3 ounces of copper shavings. All these produce disinfecting fumes.

Wood and peat charcoal are powerful disinfectants, as the condensed oxygen in the cells hastens decomposition and eats up organic matter, fresh supplies of oxygen being absorbed from the atmosphere and condensed; and thus the process continues. A small quantity of peat charcoal will destroy a large quantity of animal matter. This substance is very good to cover carcasses that are buried.

Porous earth acts as a true disinfectant.

Caustic soda and soda ash: the latter is better than lime, as it dissolves in water, readily enters porous materials, and removes impurities from the surface.

Condy's Fluid, a solution of manganate and permanganate of potash, is a good disinfectant, freely supplying oxygen; but it is not practically available by farmers. Fire and high-pressure steam destroy infectious poisons.

As simple deodorizers Dr. Vœlcker merely mentions perchloride of iron, in solution of 1 to 10 of water; sulphate of iron (green vitriol); sulphate and chloride of zinc, and nitrate of lead, in the same solution.

As antiseptics we have creasote and carbolic acid, derived from distillation of coal, and which is the most powerful and cheapest antiseptic that we have. This substance enters largely into the composition of a number of materials, as McDougall's Disinfectant, Cliff's Antiseptic Fluid, etc., which are just now offered to the public. Dr. Vœlcker next considers the application of disinfectants, according to the particular object: 1. For treating animal carcasses. 2. Disenfecting cowsheds, etc., where disease has been. 3. Manure. 4. Pastures. 5. Cattle trucks, barrows, stable tools, clothes, etc.

The manure may be sprinkled with solution of chlorate of lime before moving, then a good layer of quicklime when put in the barrow, and taken to a field, and made into a heap, consisting of alternate layers of soil, manure and lime; 5 cwt. of lime to each tun of manure. At the end of three months the heap may be turned and ingredients mixed, and after lying another month, Dr. Vœlcker considers it might be safely used.

The pastures which diseased cattle have inhabited should be left without stocking for some months, the clots knocked about, and 100 bushels per acre of quicklime applied.

Trucks, barrows, etc., cleaned thoroughly with soft soap and water, and then washed with a solution of chloride of lime.

Laborers and inspectors must also be disinfected—the latter, it was suggested, might keep at each farm, where animals were diseased, a pair of pattens, and stump about the sheds in these. The boots of attendants should be most carefully washed in the caustic soda, or else the men made to pass over a layer of fresh lime, and it strikes us as an excellent plan, if the entrance to the sheds and premises generally were daily strewn with a layer of quicklime.

Lastly, the question of prevention was slightly touched upon, rather to point out how very little we really knew about antiseptics, and how desirable some thoroughly exhaustive experiments would prove than to suggest anything. Perfect isolation was pointed out as all important; then the distinction of contagious matter. The use of carbolic acid in weak solution (1 to 100) to wash over the animal's body and sprinkle about, might, probably, be a wise precautionary measure, and could do no harm.

The most noticeable remarks in the discussion that followed were those of Colonel Talbot, who related his experience in a dairy of over one hundred cows, at Sudbury, about six miles from London, which, till within a week, had escaped the plague. He had employed Burnett's Fluid, (chloride of zinc,) to sprinkle about, and wash the animal's body, and had also given internally, charcoal daily and nitre occasionally. Whether this treatment has been of any use he could not say, but up to the time stated no disease appeared. His treatment of the disease, which he could not trace to any contagion, was as follows: First, if the bowels were constipated, a mild aperient should be given, consisting of one and a half pounds of treacle, two or three ounces of salts, two table spoonsful of sulphur, and a bottle of Day's Fluid; after some hours, a dose of warbena—a patent medicine of Dr. Collis Browne's, much resembling chlorodyne. If not cured in two days, he tried hydropathy, as recommended by Mr. Graham, of Capheleie; and if this was unsuccessful, he applied external stimulants to the region of the abdomen. According to Col. Talbot's account, the effects of the warbena had been most remarkable, as, although the disease only first appeared a week or ten days ago, several animals were considered to be recovered, and one was giving nineteen quarts of milk daily.—*London Field.*

Respiration and Signs of Life in a Five Months' Fœtus.

Dr. J. W. Taylor reports, in the *Lancet*, the case of a living male fœtus prematurely delivered about the fifth month of utero-gestation. It continued to breathe freely for at least an hour and a half, after which the inspirations became much shorter and at longer intervals. It gradually succumbed, after surviving about two hours. It measured about seven inches in length.

Coal in Missouri.

Coal underlies a large portion of Missouri. It has already been discovered in 30 counties. Beds of cannel coal, 45 feet thick, have been found. There are 160 square miles of coal in St. Louis county. The amount of coal in Cooper county has been estimated at 60,000,000 tons. Under every acre of Boone county there is supposed to be at least $1000 worth of coal. The deposits in the vicinity of Booneville cover an area of 2000 square miles.

Upon the lowest estimate—which is more than 34,400,000,000 tons below the calculation of Professor Swallow—it would take, at 100,000 tons a day, more than 3000 years, of 300 working-days each, to exhaust the coal deposits of Missouri.

—— The *Journal of Insanity* makes the suggestion, "in view of the peculiar affliction which has visited the honored head of the Government Hospital for the Insane at Washington, since the last meeting of the Association of Superintendents," that it would be proper to hold the next meeting at Baltimore or Philadelphia. The Association meets on Tuesday, April 24, 1866.

—— Horace R. Wirtz, Surgeon and Brevet Lieutenant-Colonel, U. S. Army, late member of the (Regular) Army Board for the Examination of Candidates for the Medical Staff U. S. A., has been assigned to permanent duty at Fort Hamilton, New York Harbor.

—— The Anthropological Society of England has resolved upon sending, at its own expense, a special commissioner to Jamaica, to investigate the race peculiarities which have been the ultimate causes of the late negro outbreak. Mr. Pritchard, late consul at the Fiji Islands, has accepted the appointment.

—— Mr. William Thomas Brande, chemist of the Royal Mint, died at Tunbridge Wells, England, recently, aged eighty years.

—— Dr. J. Solis Cohen commences his *second* course of lectures on Laryngoscopy, Rhinoscopy, and the Topical and Inhalatory Application of Nebulized Medicaments, at the Philadelphia School of Anatomy and Operative Surgery, College Avenue, (Chant street,) in this city, on the 2d of April. Fee for the course, $10. Dr. Cohen's residence is 723 Brown street.

—— Dr. Wm. A. Garden, Surgeon U. S. A., was brutally murdered recently at Brownsville, Texas. Dr. Garden had just been or was about being mustered out of the service. His murderer was a partially intoxicated soldier, and this was his *third* homicidal act since he had been in the service!

—— The New Hampshire Insane Asylum at Concord will probably get about $200,000 from the estate of the late Moody Kent, of Concord, the asylum being the residuary legatee.

—— Dr. A. D. Hall, of 1232 Arch st., this city, begins his second course of Ophthalmic Demonstrations on Monday, April 2d, 1866, at Wills' Hospital, at 4 o'clock in the afternoon. They will be continued bi-weekly, on Mondays and Fridays, at the same hour, until the first of July.

—— Mr. Gladstone has announced in Parliament that a proposal will be made for erecting buildings on some of the land at South Kensington, for the reception of certain collections, (including the Zoological) of the British Museum.

—— Captain Poynton Ives, of Providence, R. I., has left bequests of $50,000 to the Rhode Island Hospital, $10,000 to the Providence Athenæum, and $5,000 to the Providence Dispensary, all free from Government duties.

Army and Navy News.

ARMY.

Assigned.—Brevet Major Dallas Bache, Assistant Surgeon U. S. Army, is hereby relieved from duty in the Middle Department, and ordered to report in person to the Commanding-General and Medical Director, Department of the Tennessee.

Honorably Mustered out of Service.—Surgeons Thomas Sim and Jacob Bockee, U. S. Volunteers.

Surgeons John D. Brumley and E. P. Morong, U. S. Volunteers.

Surgeon Wm. A. Conover, (brevet colonel,) U. S. Volunteers.

Discharged.—Hospital Stewards Thomas J. Pearson, Charles Morris, and Charles H. Houpt, U. S. Army.

Hospital Stewards R. D. Wilcox, B. F. Ward, and W. G. Scott, U. S. Army.

Miscellaneous.—A board of officers, to consist of Brevet Lieutenant-Colonels A. N. McLaren, and E. J. Bailey, Surgeons U. S. Army, and Brevet Captain Edward Cowles, Assistant Surgeon U. S. Army, is ordered to convene to examine and report whether the use of the public buildings at Galloups Island for sanitary purposes by the civil authorities of the city of Boston would endanger the health of the garrison at Fort Warren, Boston Harbor, Mass.

Assistant Surgeon Joseph H. Bailey, U. S. Army, (retired,) will report in person to the Surgeon-General of the Army.

The Medical Boards to convene at Philadelphia, New York, and Boston, will remain in session until all applicants have been examined.

The Medical Board at the Chelsea Naval Hospital, to meet on the 12th inst., will consist of Surgeon Edward Gilchrist as Prssident, and Surgeons A. Schiver and S. F. Cous as members, the junior member acting as Recorder.

The order discharging Hospital Steward C. B. Stockton, U. S. Army, is hereby revoked, and he is ordered to duty in the Department of South Carolina.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

MARRIED.

Bauch—Connell.—March 1, 1866, by Rev. T. P. Dysart, T. W. Bauch, M. D., and Miss Carrie Connell, step-daughter of Rev. Wm. Busick, all of Carlisle, Warren co., Iowa.

Blalock—Greenfield.—Dec. 10, 1865, Dr. N. G. Blalock, of Mt. Zion, Ill., and Miss Lizzie Greenfield, formerly of Rainsboro', Ohio.

Howard—MacLeod.—On the 13th of February, by the Right Rev. T. H. Rutledge, at Lake Jackson, near Tallahassee, Florida, John Howard, Esq., of Richmond, Virginia, and Miss Mary C. MacLeod, daughter of Dr. J. D. MacLeod.

Jack—Bruce.—In Blairsville, Pa, March 13, 1866, by Rev. D. W. Collins, Wm. Jack, M. D., and Miss Mary J. Bruce, both of Jacksonville, Indiana co., Pa.

DIED.

Barton.—In Chicago, Ill., on Tuesday, March 13, aged 30 years, A. R. W. Barton, M. D.

Davis.—At Greenpoint, Brooklyn, E. D., on Sunday evening, March 18, of apoplexy, Job Davis, M. D., aged 44 years.

Helm.—In Springfield, Ill., on the 9th instant, at his residence, Dr. M. Helm, in the 65th year of his age.

Hooker.—In East Cambridge, March 19, Mary Marshall, twin daughter of Dr. A. P. Hooker, aged 4 days.

Kirchner.—In Idaho City, on the 12th of January, Mary B., beloved wife of Dr. C. W. Kirchner, of Portland, Oregon, and daughter of Mrs. Mary Brooks, of Philadelphia.

Osborn.—In New York, on Friday night, March 16, Ann Laughton, widow of Dr. Samuel Osborn.

Taylor.—In Manchester, near Richmond, Va., after a short illness, James Bledsoe, youngest son of the late Dr. Samuel Taylor, in the 12th year of his age.

Thomson.—In New York, on Monday morning, March 19, Henry Van Dyck, only son of Dr. Wm. H. and C. S. V. D. Thomson, aged 4 years.

ANSWERS TO CORRESPONDENTS.

☞ We have received a letter from Aledo, Ill., without signature, inclosing money for books. Who shall we send the books to?

Subscriber, Philadelphia —The Caoutchouc Bag of Hervez can be procured at Bullock and Crenshaw's. Price 75 cents.

Dr. H. C. A., Sylvan, Mich.—We cannot find the Brahee sugar in this city.

Dr. W. T. P., Perryville, Ky.—We have had one of Wilson's Circulars sent you. Chapman's treatment is not new, but his mechanical appliances are. Though there is little doubt that the application of ice to the spine is often useful, in cholera and paralysis, we are not prepared to admit all his theories and deductions. His spinal ice-bag is used a great deal in public institutions and by private practitioners.

Dr. S. Y., Auburn, Me.—We cannot get the instrument you wish, and it seems to us that one so very exact is not necessary.

Flint's Practice of Medicine.—We will soon publish a review of Flint's Practice. The price in sheep is $7, in cloth $6.

Dr. M. W. H., West Earl, Pa.—Our own preference would be for *Watson's* Practice of Medicine.

Dr. J. B. L, Slippery Rock, Pa.—Bird on Urine, sent by Express, March 22d.

Dr. H. P. A., Fort Wayne, Ind.—Vaccinator sent by mail. March 22d.

METEOROLOGY.

March,	12,	13,	14,	15,	16,	17,	18.
Wind	S. W.	S. W.	N. W.	S. W.	S. W.	N. W.	S. W.
Weather	Cl'dy. Showery.	Hazy. Clear.	and S.S.W. Clear.	Clear.	Cl'dy. Rain.	Clear. High Wind.	Clear. High Wind.
Depth Rain					5-10		
Thermometer.							
Minimum	34°	40°	40°	48°	50°	24°	13°
At 8 A. M.	51	60	47	57	57	33	22
At 12 M.	53	67	53	69	56	34	33
At 3 P. M.	54	68	59	70	56	35	34
Mean	48.	58.75	51.	61.	54.75	39.	25.50
Barometer.							
At 12 M.	30.2	30.3	30.4	30.	29.7	29.9	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 475.] PHILADELPHIA, APRIL 7, 1866. [Vol. XIV.—No. 14.

Original Department.

Lectures.

LECTURES ON CHOLERA.

By Prof. Alonzo Clark, M. D.

(*Being a full synopsis of Lectures on Cholera, recently delivered at the* College of Physicians and Surgeons, *New York, and specially reported for the* Medical and Surgical Reporter.)

VI.

Treatment.

We do not approach this part of the subject with cheerfulness, nor yet with humbleness. Even if it cannot be said that medical science has so far succeeded in curing cholera, the acknowledgment of the fact is not one at which to feel humbled. I do not recognize any *opprobrium medicorum*. When I look back at the progress which medical science has made since the beginning of this century; when I find that during that time the average period of human life has been lengthened ten years, I feel proud of my profession. There are diseases over which we have no control, and death must be. I do not approach the subject, therefore, with the expectation of giving you great confidence in your ability to treat the disease with great success, still something will be gained if we can only point out what means have been unsuccessful. The experience of the past will not have been lost if, on looking over its various modes of treatment, we can reject what has been useless, and are able to say, from this point we can start anew, and then go forward.

The first main fact to be held in view, is that medicine can produce but little influence in the latter stage of the disease. The great congestion of the alimentary canal, the sluggish capillary circulation, the thickened and viscid state of the blood, render the absorption of medicinal substances, of whatever kind, slow, perhaps impossible. To most patients, during the active stages of the disease, medicines of powerful action, in large doses, may be given without effect. The extract of belladonna has thus been administered in doses of from six to eight, up to even twenty grains, without producing any of its well known results. Heroic medication hence is useless, for the drugs either remain in the canal without effect, or they are swept away with the discharges. If they remain, as is frequently the case, the fact forms a very great embarrassment in the later stages.

We will now consider some of the general plans of treatment.

The *opium* treatment stands first, perhaps. Opium has frequently been given in very large doses, but has generally failed to cure, and it seems now to be the universal opinion of those who have had most experience in the disease, that, except in the initiatory diarrhœa of cholera, it does harm rather than good. I remember the case of a distinguished gentleman, who had been treated by large doses of opium; he had passed through the stage of collapse, and as reaction came on, the opium which he had taken commenced to have its effects, and he died of narcotism and uræmia combined. Opium may be given in moderate doses in the initiatory diarrhœa; but from large doses, which are apt to remain and then produce accumulative effects, only disastrous results can be expected.

Alcoholic stimulation. No physician can approach a patient in the stage of cholera-collapse, with its striking features, pulselessness at the wrist, the violet-bluish discoloration of the skin, the coldness of the surface, the sunken eye, the cadaverous look, and not have suggested to his mind the propriety of powerful stimulation. Hence, it is not astonishing that stimulants have been used with great freedom; but the results obtained, without going into detail, may be stated that, like opium, except in small quantities during the initiatory diarrhœa, they have not been found serviceable.

The next general plan of treatment which has been resorted to is *bleeding*. It was indeed one of the first methods, when cholera appeared, to bleed either early or late in the course of the disease. It will be comprehended from what has been said regarding the condition of the blood, that it is difficult to obtain blood by venesection or cupping, and when it does flow, it is always slow and of a dark color. In the earlier stages

it will be more natural. Drs. Gull and Bailey have accumulated a large mass of material regarding the efficacy of this treatment, and from some of the records given you may form your own judgment regarding it. Dr. Brown found it invariably pernicious. Dr. Strange claims that, in many cases of approaching collapse, the symptoms yielded to a venesection of from 6 to 18 ounces, followed by iron and quinia. Dr. Müller, of Riga, bled 4 persons, they all died: in 10 others, there seemed to be no harm done by it in 4; and in 23 more, a favorable change seemed to take place in 8. Dr. Silvoni bled 9 cases in impending collapse, 1 recovered. Dr. Bell, who advocates bleeding, reports that he bled 44 patients in the first stage, 7 died; 6, bled on the verge of collapse, all died; of 9 bled in collapse, 7 died. Dr. Hebra relates a severe case of collapse, in which much relief was obtained by taking 8 ounces of blood by cups, but the patient died five minutes afterward. Of 69 cases reported by Dr. Müller, bled during the stage of reaction, 48 died; of 6 patients in the same stage, with the consecutive fever and pneumonia of reaction, all died; of 12 not bled, 7 recovered. This seems to dispose pretty effectually of bleeding in cholera.

A drug which has been extensively used is *calomel*. Indeed, it has figured more largely, perhaps, in the treatment of cholera than anything else. Pereira reports in his work the success claimed to have been obtained by drachm doses of the article. But no one since has been able to repeat that success. As far as my personal experience is concerned, I must confess that in general, as the phrase goes, I have not had much luck with calomel; I would not say that calomel is an enemy of mankind, but say this, that it can be used *less than it habitually is*, to the advantage of man.

Dr. B., of New Orleans, in 1849, in 10 cases, gave from 120 to 150—180 grains in one dose; in one case half an ounce. This is sufficiently heroic; 4 of these 10 cases were in collapse, but all died. He remarks that in not a single instance did it check purging or vomiting. Dr. Buel reports the success of sixty-grain doses of calomel, in one of the New York hospitals, as 93 deaths in 100 cases—the largest mortality of any in the city. Dr. Houston says that he saw a recovery from the middle period of the second stage, after the administration of one ounce and a quarter of calomel, given in three doses in the course of twelve hours. He considers the cure marvellous. As a general rule, it may be stated that when physicians have tried these large doses, their experience has in most cases led them to abandon the practice.

Dr. Ayre has made his name famous by his plan of treating cholera by small and often repeated doses of calomel. And this practice has found so many followers that it becomes necesary to make inquiry into the subject.

It is claimed that cholera essentially consists in an interruption of the secretion of the liver, congestion of the portal circulation and the liver, leading finally to congestion of all the abdominal viscera, and lastly, of the spinal column; and to stimulate the liver to proper secretion, relieve the portal system of its engorged condition, it is claimed that calomel is necessary. Now, is this a correct view? The investigations made in regard to the composition of the evacuations have not shown that bile is absent in the initiatory diarrhœa of cholera; on the contrary, as we have seen in an earlier part of these lectures, bile is even present in the rice-water evacuations, only existing in a modified form, and not answering to the ordinary tests. If then, suspension of the biliary secretion constitutes the essence of cholera, it should be present from the first, and go on increasing as the disease advances, neither of which is the case. Then again, there is usually no congestion found in the liver, but just the opposite; it is ensanguinated, and the gall-bladder, which according to this theory should be empty, is usually found full of bile. The physiological or pathological basis, then, claimed for this treatment is not sustained.

Dr. Ayre himself states that of 3039 cases of cholera, either in diarrhœa or impending collapse, he lost but 63; of 725 cases in full collapse, he lost 365. Dr. Oaks, while he found the treatment very successful in children, could save but one-third of his cases in adults. The various reports as to the results of this treatment vary immensely, while the uniform opinion is that large doses are harmful. This plan of treatment may be the best we have yet learned, but still it is not based upon a safe foundation, and I am disposed to say that it is still doubtful whether it is better than none at all.

It will be best, however, to turn our attention to the different stages of the disease and their different modes of treatment.

Diarrhœa. There are enough of these cases of prolonged diarrhœa during a cholera epidemic to demand our special attention. It is generally supposed that this diarrhœa is no more difficult to treat than the ordinary form. This, however, is not quite true; it does not yield very readily, and unless checked, soon becomes a source of

great danger. Here, then, is the great field for exercising medical aid.

The first rule should be to send the patient to bed, after a warm bath, and sufficient bed covering to induce a gentle soft perspiration; the administration of cathartics, especially of the saline class, must be carefully avoided. There is no doubt that cholera has been produced through the injudicious use of cathartics. It will be required that you check the diarrhœa. Among the medications used for this purpose, opium has generally been resorted to. A favorite prescription consists of equal parts of the tinct. opii camp , catechu, cloves, and capsicum, given at proper intervals in proper doses. Some advocate the use of quinia, as an anti-miasmatic, and it is claimed that it will often alone check the diarrhœa. The pernitrate and persulphate of iron have also been used. Acetate of lead and camphor are recommended by others. Dr. Houston has great confidence in the following pill: —Plumbi acet., pulv. camphoræ, āā gr. xxiv., morphiæ, gr. ij—iij., ol. cinnamom., gtt. v., M. c. q. s. f. m. S. Divide in 12 pills. One every two, three or four hours, according to the urgency of the symptoms. Hope's mixture is another favorite with many. Rest, and rest in bed, however, is as important as any medication.

Passing to the serous diarrhœa, when vomiting and cramps may soon be expected to make their appearance, other remedies are demanded. Dr. Fuller advocates the use of sulphuric acid, as having almost sovereign power to arrest the disease in this stage. Cox, of England, introduced this mode of treatment first. It is claimed as infallible. But so many infallible things have been proposed in cholera, that any claim to infallibility must be doubted. Chloric ether is added to the sulphuric acid, and the treatment is generally preceded by opium. Then sinapisms over the stomach and frictions.

Sulphur, too, has been proposed, and used with a view to destroy the supposed fungi. Dr. Grove gives precipitated sulphur with bi-carbonate of soda suspended in water, spirits lavundulæ and whisky.

Creasote has also been declared to be infallible. Possibly it may be serviceable.

Chloroform. The late Prof. Horner used this remedy in 1832. Dr. Hartshorne, of Philadelphia, has stated it to be very successful. Dr. Davis at one time placed great reliance on it, in doses of from seven to ten drops every half-hour. The general report, on the whole, is in favor of chloroform, and also of sulphuric acid, so that we may be justified in continuing their use. Chloroform has also been used by inhalation to allay cramps and vomiting; but the difficulty is that to attain the object, the patient must be kept under a slight degree of anæsthesia for a longer period of time than would be admissable.

Prof. Frazer, of McGill College, Montreal, gives *strychnia*, and recommends its use—1–48 part of a grain of the acetate given in solution and repeated every 15 to 5 minutes, up to 8 or 12 doses, or until some perceptible effects are produced. He claims a success of 21 cases in 25, and of the fatal cases, 4 are reported as having advanced to reaction. It has been tried by others, and the results have not been so favorable.

Collapse. Electricity and galvanism have been tried in the stage of collapse. They seem to rouse the vital energies a little; the temperature has been observed to rise from 88 to 92 in the mouth, under their application, but on the whole, while they do possess the power of stimulating the energies of the system temporarily, it cannot be said that life has been saved by these means. Wet sheets have been used, according to the plan of the hydropaths, but although slight reaction may be produced, they cannot be considered as a curative agent; the same may be said of cold affusions, the warm hip-bath, and cold douche followed by putting the patient into a warm bed, and enveloping him in blankets. Still these means cannot be rejected as adjuvants.

The inhalation of *oxygen gas* has produced temporary stimulation, but no ultimate favorable results.

Counter-irritation, often of the most violent kind, has been resorted to. Casper dipped rags into alcohol, laid them on the skin, and set them on fire; but the patients did not get well for all that. A noticeable fact is that counter-irritation produces not much redness of the skin in cholera. All the means embraced under this head have failed to be of any signal service; yet they have done no harm, and possibly may enable us to do something.

External warmth, though generally disagreeable to the patient, moderately applied, has generally been received with favor, to supply and restore the heat of the body which has been lost.

Emetics have been resorted to, to arouse the patient from collapse. Common salt or mustard, ipecacuanha or sulphate of zinc have been used for this purpose. But, though they may arouse the patient to a certain extent, their effect is but temporary.

Ice and cold drinks. A distinguished writer

remarks that the experience of the last epidemic has confirmed the efficacy of the use of cold water and ice. There is, it is true, a disposition to eject them; but still they allay the suffering of thirst, and to some extent supply the water which the blood has lost.

Among the agents which have been recommended and used in the stage of collapse are *saline mixtures*. Dr. Stevens, of Jamaica, was probably the first to recommend them. The theory on which this treatment is based, is to supply the loss sustained by the blood from the copious discharges. But, as has been stated in a former lecture, analyses of the evacuations have shown them to contain a less proportion of saline constituents than normal. Some physicians, however, speak highly of this treatment, when the patient can swallow and retain liquids, and some very favorable figures are given in the report of Gull and Bailey. But it must be constantly borne in mind that nothing is so uncertain and unreliable as figures in the treatment of cholera. The mixture in question, generally used, consists of sodæ bi-carb., ʒss., sodii chloridi, ℈j., potassæ chlor., gr. vij., dissolved in water, every hour. Another solution used consists of common salt, ʒss., tartrate of soda, grs. xij., phosphate of soda, grs. viij. This saline treatment of Stevens does not, however, seem to have been as sucessful in the hands of others as in his own. Gull and Bailey say that, while at times it seemed to have aided recovery, at other times it increased the evacuations and the danger. One thing may be said in its favor—that when it is mainly used, other more injurious treatment is avoided— a negative benefit.

Camphor has been used to allay vomiting and cramps with good results. It is certainly believed to be a safe remedy; it is a good diffusible stimulus, and may be given in connection with chloroform.

Dr. O. H. Smith, in a summary of his treatment of cholera in the hospital at Williamsburg, states that to restrain the rice-water discharges, he resorted to injections of strong green tea ℥ij., with brandy ℥j., and from 5 to 10 grains of acetate of lead, repeated after every discharge. A pill of quinine, camphor, and calomel was given every half hour; mustard placed over the whole abdomen, and small doses of brandy and water given every few minutes. This treatment generally allayed the discharges. This favorable report induces us to recommend the treatment to further trial. Dr. Smith refers to the cases of two children who were attacked with the serous discharges of cholera, and to whom the parents administered two tablespoonsful of brandy, which rendered them completely drunk. There were no more discharges, and the children recovered. The report on the whole, however, is unfavorable to the general use of brandy internally.

Another plan consists in leaving the patient alone, without any treatment, and this plan has been followed by some who became discouraged with the unfavorable results of all other treatment. Dr. Hutchinson expresses his doubt whether treatment of any kind is much better than no treatment.

One more plan remains to be noticed—the injection of saline fluids into the veins. But though in a number of instances, a marked improvement has been noticed in the patients by the temporary establishment of reaction, the ultimate history of these cases is death. Dr. Streeter says that the experience of the last epidemic in England has demonstrated the inefficacy of the treatment. Dr. Lowry claims four successful cases of twenty-six, and if such good results can be obtained, it would be proper; for, it must be remembered, that it is only resorted to in extreme cases of collapse. Part of the art of obtaining success by this procedure, seems to be to inject very slowly. Drs. Gull and Bailey think it worthy of further trial. It does not seem that a very complex formula in the composition of the fluid to be injected is required. The main constituent of the blood which has been lost is water, and it would be safe to use distilled water simply, with perhaps a little chloride of sodium.

A pamphlet was published in Canada in 1854, in which Dr. Bauvel reported one success out of four cases of collapse, treated by injection into the veins of milk fresh from the cow. The pamphlet is interesting.

We will now review what treatment seems to be best adapted to each stage. In the *first* stage, rest in bed, after a warm bath, and some astringent and stimulating medicine; opium, quinine, and astringent preparations of iron, or a pill like that of Dr. Houston's. There are many chances that under this treatment the patient will recover.

Rice-water stage. Dr. Fuller's treatment of sulphuric acid may be resorted to; the testimony in favor of it is very decided. Chloroform, also, with or without camphor, after the mode of Horner and Hartshorne, deserves further trial. So also the strychnia treatment, perhaps, though this is more doubtful.

In *collapse*, but negative results are derived from electricity, affusions, etc. Better results are obtained from frictions, the moderate application

of heat, the free use of ice and cold water internally; and the saline treatment may yet be tried. Regarding the ice-bags of Chapman, applied to the spine to influence the ganglionic system of nerves, it is a point entirely new, and it would be extraordinary if we did not hear of successes, especially as long as the treatment remains in the hands of its author.

Stage of Reaction. When the collapse passes off, it does so slowly, the pulse increasing in force gradually, warmth returning in the same manner, and the secretion of the kidneys returns little by little. The dangers are chiefly of an inflammatory kind, unless the patient has been injudiciously treated. The chief dangers are from pneumonia, continued disease of the alimentary canal, dysentery, or the changed condition of the blood. Diluents will be of service here, as the great point seems to be to restore to the blood its healthy constitution. No antiphlogistics can be used,—hardly diaphoretics. We must be very careful not to do too much.

A word regarding food during cholera. If there is anything that the patient has a full and unmixed disgust for, it is food. The best plan is not to urge food until reaction, when dissolved food, as beef tea and the like, can be given.

Prophylaxis. The first question which meets us in considering the modes of preventing cholera is, whether we possess any means to destroy the poison. There are but few pure disinfectants; that is, such articles as will destroy poisonous effluvia, by combining with one or more of their elements, and thus destroying their chemical composition. Chlorine is a substance which has this reputation; bromine another; so permanganate of potash, chloride of zinc, sulphuric acid. Other articles might be named which seem to have the power of arresting decomposition—carbolic acid, and the like. But there are really but two agents which effectually destroy poison, of a miasmatic character—*heat* and *cold*. We are not quite sure that cold will destroy the cholera poison, but heat, if carried up to at least 250° F., undoubtedly will. It is difficult to apply it to ships, as it causes shrinking of the timber, and on that account objected to by ship owners. But it can be used to disinfect rooms and garments.

A great element in prophylaxis is *ventilation*. In Paris and London on calm days, when the air was stagnant, the epidemic was always increased. Purification of cess-pools and privies should be insisted upon, together with free ventilation of all houses, outbuildings, cellars, etc. The ground about houses should be attended to, and where there is any infiltration of the soil with decaying organic matter, it should be covered with lime or charcoal. To charcoal there is one objection, however; while it absorbs noxious effluvia, it does not destroy them, and under favorable circumstances may exhale them again. From cellars all filth and decaying vegetable matter should be removed. The state of sewers must be looked into, so that they may not produce direct emanations of an unhealthy nature, or impregnate the water of wells or aqueduct pipes in their neighborhood. Pig-sties, decomposing material of every sort, manure heaps, etc., are matters which should be examined with a view to prophylaxis of the disease.

Complete and perfect purification of every house in a city or town should be insisted upon, as an epidemic of cholera is threatening. In Philadelphia in 1849, vigorous measures were taken to clean the city, and the consequence was, that when the disease came, it found it in an excellent sanitary condition, and the number of deaths from cholera was but 747, while in New York it was 5071. Boston prepared for the attack by enforcing measures of cleaning the city, and they had only 633 cases. In New York the over-crowding of houses forms a great difficulty in efficient sanitary prophylaxis.

The proper choice of water for drinking and culinary purposes, is another point demanding attention in this respect. The water from rivers passing cities and towns is objectionable; water containing lime should be avoided, on account of its laxative effects. The purer the water, the better. If the opinion is entertained that the dejections of the patients may convey the poison, means of purification of these should not be neglected. The soiled clothes, as they are removed from the patient, may be placed in boiling water, to which some chloride of lime or permanganate of potash is added. It is well under any circumstance to place in the chamber-pot or bed-pan, which receive the evacuations of the patient, some sulphuric acid, previously diluted with water.

Visits and inspections from house to house are of value, during an epidemic, although it is doubtful whether they have accomplished all the good results claimed for them in England.

In conclusion, a few words regarding the *personal relations* of cholera. In 1832 we were taught to be abstinent in a certain degree, as full diet predisposed to the disease. Experience since has taught the opposite. We now are led to believe that the body should be nourished fairly during the prevalence of the disease, and that

abstemiousness is dangerous. People should live in the manner they are accustomed to live, avoiding abrupt changes. He who is accustomed to take his glass of wine, should continue it; and even for the toper this is no time for reform. Personal cleanliness should be strictly observed, and even in warm weather the body may be covered by flannel, especially the abdomen.

Fear should be avoided. Its influence is bad. We are not sure that the old allegory of Egypt and the Plague is any more applicable there than here. When the plague was ravaging over the earth, it is said that as it approached the borders of Egypt, it there met the good Genius of that country. The Genius plead and prayed the Spirit of the Plague to spare his people, and he finally promised he would take but three thousand. He entered, and soon thirty thousand had fallen victims. As he had done the work, on leaving Egypt, the Genius again met the Plague, sorrowful and in tears, upbraiding him for not having kept the promise. "I have kept the promise," replied the Spirit of the Plague; "I took but three thousand of your people, and *fear* took the rest."

Communications.

REMEDIES FOR CHRONIC ENLARGEMENT OF THE SPLEEN.

[The subjoined letter is from the pen of Dr. Gadbury, a distinguished physician of Mississippi. The subject to which it relates is important, and we therefore invite special attention to it.—Ed. Med. and Surg. Reporter.]

Prof. S. D. Gross, M. D.:

Dear Sir—You will probably remember me as one of your Louisville pupils, and a collaborator of the *North American Medico-Chirurgical Review*.

The object of this communication is to call your attention to some remedial agents which may be interesting, if not serviceable to you in practice. You will find, by reference to the *Western Medical and Surgical Journal* for 1852 or 1853, an article by me on the treatment of enlargement of the spleen. Since then, I have altered the prineipal remedy, and herewith enclose the recipe. From that time to the present, only two adult cases who persevered, have resisted the treatment. One of these, Mr. Alsop, was under your care in Louisville, and I believe died at that place. Both cases had ascites, and probably scirrhus of the liver, the effect, no doubt, of protracted dissipation. Several children, who had lumbricoides, did not yield until the worms were expelled. With these exceptions, I do not remember any case where the treatment failed in curing enlargement of the spleen and chill and fever, if persevered in for a reasonable time.

The mixture here given is used by many physicians in this country and sold by druggists under the name of spleen-mixture. For chronic intermittents and all the sequelæ of malarial fever, such as general debility, anorexia, anemia, enlargement of the spleen and liver, anasarca, and the *malarial cachexia*, it surpasses any remedy I have ever used. It is also efficacious in the disordered digestion of drunkards.

My patients, who have suffered from malarial fever and engorgement of the abdominal viscera at different times for years, say they could not wear tight clothing around the body until they had taken this remedy, and contend that it diminished their size around the waist several inches, which proves conclusively its efficacy in relieving the engorgement of those organs supplied by the cæliac axis. The advantage it has over iron and quinine alone is due to the increased oxidation of the iron, the free nitric acid and the nitrate of potash, which supplies the system with a large quantity of oxygen, besides its action as an alterative and depurant. Recently, I have used iron by hydrogen and ferri sulphas, previously oxidized, in combination with quinine, and find them superior to the iron and quinine alone. Headland contends that iron is converted into a peroxide in the system; and if so, it is better to give it in that state.

The time is not far distant when we will understand better than now the operation of the *materies morbi* of malarial fever, and it may then be demonstrated that this agent absorbs oxygen rapidly from the atmosphere or from the system infected by it. The bad taste of the spleen-mixture is the only barrier to its general use. Patients aware of its advantage very often refuse to take it until they have exhausted other means.

Dr. Richardson informed me last October, after looking over the prescription, that he had made it, or a part of it for you in Louisville. Can you not suggest something that will disguise the bitterness of the quinine, or offer some substitute for it in this mixture?

In 1864, a case of lupus serpiginosus, of six months' duration, situated under the right eye of a boy, fourteen years of age, was treated by me with a strong infusion of black walnut leaves internally, three times per day in increasing doses, and the application to the ulcer of the fresh juice of stramonium leaves mixed with lard. He re-

covered in six weeks, and the disease has not yet returned. He had been subjected to Néligan's course without benefit. Since then, I have relieved one case of scrofula in a child, of long standing, with the same remedies. Another case was benefited by the remedies, but not cured. This treatment was recommended in *Braithwaite's Retrospect* some years since, but I am not aware that it has been tested in this country. In all the cases the ulcerative process was controlled in a short time. I would be pleased if you would try it, as you have a wider field for such experiments than I have.

You may regard me as a "hobby-rider," but I can assure you that no remedy recommended in the books for malarial fever has escaped a trial with me. During the war, botany and therapeutics engaged much of my time, as we were out of mineral medicines, and had to resort to every substitute that could be found.

The following are the preparations referred to:

Liquor Oxy-sulphas Ferri. (Taken from *Braithwaite's Retrospect.*)

℞.	Ferri sulph.,	℥j.
	Acidi nitrici,	f.℥j.

Mix and stir until it ceases to effervesce, then add water, f.℥iv.

Spleen-Mixture.

℞.	Liquor oxy-sulph. ferri,	f.℥iij.
	Aquæ cinnamomi,	f.℥viij.
	Quiniæ sulph.,	℥ss.
	Potass. nitrat.,	℥iiss. M.

Dose—one tablespoonful three or four times a day. The liquor nitratis ferri may be substituted for the liquor oxy-sulphatis ferri, and the chlorate of potassa for the nitrate, if desirable, as in some cases of secondary syphilis. In obstinate cases of enlargement of the spleen or liver, the iodine ointment or some counter-irritant should be applied, and a roller worn around the body so as to make compression of all the organs supplied by the cæliac axis. The quantity of the ingredients may be altered to suit the case, but as a general rule it is not necessary.

Believing that you will appreciate my motive, I trust you will accept this as an evidence of my sincere esteem. Very truly yours,

W. T. Gadbury.

Lexington, Miss., Feb. 22, 1866.

—— The "fusible metal," *par excellence*, has hitherto been composed of bismuth 2 parts, lead 1, and tin 1, and its melting-point is about 169° F. But an alloy, composed of 4 cadmium and 5 each bismuth, lead, and tin, fuses at about 118° F.

Hospital Reports.

Philadelphia Hospital,
November, 1865.

Surgical Clinic of W. H. Pancoast, M. D.

Reported by J. S. Parry, M. D., Resident Physician.

Spasm of the Sterno-Cleido Mastoid Muscle of the Left Side.

Louis G., æt. 24. He was perfectly well till six weeks ago, when he was attacked with intermittent fever. Shortly after which the present trouble, torticollis, supervened. His head is now constantly turned toward the right side, and he can only look straight forward by holding it in both hands. This is caused by spasms of the sterno-mastoid muscle on the left side. The patient's appearance is peculiar. His left ear approaches the sternum; the left eye is lower than the right; the angle of the mouth on that side is depressed; and the chin is elevated and carried from the median line toward the right shoulder. The spasm is not constant, and therefore belongs to the class called clonic. If it did not relax it would be tonic.

The causes of this affection are various. It may be rheumatic, originating from cold. In some cases it arises either from periosteal disease, or caries of the cervical vertebræ. In other instances it is the result of paralysis of the same muscle on the opposite side. In the case before us, it seems to be of a purely nervous origin. The vertebræ of the neck are perfectly healthy, as far as can be ascertained. The muscle of the right side is not paralyzed, but the one on the left is spasmodically contracted. It is not rheumatic, for he has none of the evidences of this disease in other parts of his body. The muscles of the neck are not the least painful either to the touch or upon motion, and it did not come on after the patient had been subjected to cold. Therefore we conclude that the cause in this case is congestion at the roots of the nerves supplying the muscle—which are the sterno-mastoid branch of the spinal accessory, and the deep branches of the cervical plexus. The congestion has probably been produced by the chills of the intermittent fever.

If this affection continues long without relief, inflammatory action goes on in the muscle, plastic matter is thrown out, and the fibres become atrophied. The breadth and thickness, as well as the length of the muscle are lessened, and it becomes abnormally pale in color.

Treatment.—In this case, believing that the condition is the result of congestion, we shall employ counter irritation. To produce this I use the actual cautery, making six issues,—three on each side of the spinal column. These we will dress with cold water. In the mean time I will have his bowels opened daily. If this treatment fails, we have no other resource than to divide the affected muscle by a subcutaneous section.

Dec. 12th, 1865. The patient was returned. For two weeks after he was last before you he

seemed to be much improved by the application of the cautery. He then left the house, and remained out two weeks, during which time the difficulty returned. I can now only hope to benefit him by dividing the muscle. This I do by a subcutaneous section. Drawing the skin a little over and inward, I now puncture it, going down upon the belly of the muscle. Through this opening I insert a long-shanked probe-pointed bistoury, and on coming down upon the outer edge of the sternal origin of the muscle, I carry the instrument flatwise behind it till I can feel its point on the opposite side. I now turn the cutting edge forward, and turning the head, I make the muscle tense, and bring it in contact with the edge of the knife, and divide it from behind, forward. You can now see the contracted belly of the muscle part way up the neck. I only divide its sternal origin, for that only is involved. We will now cover the opening with adhesive plaster, and in a little time put on an apparatus which will hold the head in the proper position.

Extirpation of the Eye.

Nov. 1st. William B., æt. 44. Four years ago he was struck in the right eye with a small stone, which caused an infiltration of blood into the organ. He suffered but little at this time, and the vision was not impaired till nearly one year afterward, when the pain became much aggravated. His sight (in that eye) was now gradually lost, after which he came into the house, and remained in the eye ward nearly two years, without any improvement in his condition. Ten months ago he first observed roughening of the anterior portion of the globe of the eye, which has gradually increased. Since the loss of vision, there has been continual pain, and lately it has appeared in the sound eye.

The case is one of staphyloma, and is the variety known as racemosa. On the surface of the globe, situated between the posterior margin of the cornea and the insertion of the recti muscles, you notice several little bodies projecting, the largest about the size of a pea. These are black, with a bluish tinge, and upon looking closely, you can detect narrow white lines crossing them, which are the fibres of the sclerotic coat separated by distension.

This disease is the result of inflammatory action within the globe of the eye, which primarily begins in the choroid coat. The iris becomes adherent to the capsule of the lens at the margin of the pupil, or that opening becomes occluded, when (the inflammatory action continuing) the tissues undergo a slow disorganization, and fluid is effused in the posterior chamber of the eye, which causes absorption or atrophy of its coats by pressure, with protrusions, as you see in this case. The disease may occur farther back on the organ when the effused fluid is outside of the choroid coat—between it and the sclerotic. Staphyloma of the cornea is caused by an increase of fluid in the anterior chamber. Affections of the eye seem sometimes to run through families as though they were capable of hereditary transmission. Tyrell states that the lamented Princess Charlotte was affected with choroidal congestion and inflammation, and that the royal family of England were remarkably predisposed to diseases of the eye. George III., George IV., Princess Charlotte, the Duke of Cumberland, the Duke of Sussex, the Princess Sophia, and Prince George, of Cumberland, were affected with different and very serious diseases of vision.

Treatment. I have recommended extirpation of the eye. I do this, not to benefit the diseased structure, but to save the sound eye, which is liable to take on abnormal action from sympathetic irritation. In fact, this has already begun, because the patient has for some time complained of pain in the left eye.

The operation, to a certain extent, is one for strabismus on a large scale. In the first instance, I make an incision through the conjunctiva completely around the cornea. This exposes all the muscles, and I now cut them as close to the ball as possible, leaving them as long as I can, so as to make a good stump. You see the ball now protrudes. I pass my instrument back as far as possible, and sever the optic nerve and the remaining connections. In this operation, always try to leave all the stump possible. There is considerable hemorrhage, and I must arrest it, for which purpose I prefer the following preparation:

℞.	Potassæ carb.,	ʒij.
	Saponis, (Castile,)	ʒj.
	Alcoholis,	f.ʒiij. M.

The advantage of this prescription is that it is a styptic without cauterizing, the latter being an objection to Monsel's salt. As a dressing, we will use simply lint wet with cold water. I will have his bowels partly opened and give him anodynes.

Nov. 8th. Two days after the operation, the patient had a chill, followed by fever, and soon after this, erysipelas of the head and face appeared and assumed quite a threatening aspect. He was treated internally with tincture of the chloride of iron, gtts. xx., every two hours. Locally, we use the ointment of the oxide of zinc. The disease is now entirely checked and the patient is doing well.

Nov. 15th. The man is well. The stump formed by the muscles of the eye is a very good one, and all its motions are perfect. He now has no pain in the sound eye.

The French Government has decided that seven medical students, who particularly distinguished themselves by their services during the prevalence of the cholera at Toulon, Sollies-Pont, Var, and Raon-l'Etate, Vosges, shall be exempt from all further charges in the completion of their studies. The Minister of Public Instruction has also awarded to one of the seven, M. Gensollen, student at Montpelier, a valuable scientific work, with an inscription stating the cause for which it was given.

Medical Societies.

PATHOLOGICAL SOCIETY of NEW YORK.

Ulceration and Perforation of Duodenum;—Trephining in Epilepsy—Extensive Necrosis of Skull—Abscess of Brain;—Reamputated Stump—Cases of Resection of Heads of Humerus and Femur.

Among the specimens presented at the meeting of the Society, March 28th, were the following:

Ulceration and Perforation of the Duodenum.

Dr. Smith presented a specimen obtained from a young lady 27 years of age. A year ago she had had typhoid fever, from which she fully recovered, and remained in apparently good health until December last, when she was seized with severe chills, followed by fever, vomiting, pain in the region of the stomach, suffering severely. The vomiting was almost constant. She was brought to New York in February, when Dr. S. saw her;—pulse small, vomiting, and continuous pain. Opium and quinia afforded no relief. About the first of March she became partly hemiplegic, gradually more and more prostrate, and soon died.

The post-mortem examination revealed the whole peritoneal surface covered with false membrane, the peritoneum acutely inflamed, and glued to the viscera; between the duodenum and abdominal walls pretty firm adhesions. On breaking up these adhesions some pus oozed out, and amidst the adhesions a perforation of about half an inch in diameter was found, while the gut around the perforation was exceedingly thin. There was no escape of the contents of the intestines into the peritoneal cavity, the firm adhesions having probably acted as a safeguard against such escapes. There is a question whether this perforation could be considered as likely to be the result of typhoid ulceration, when she suffered from typhoid fever a year ago.

Trephining in Epilepsy—Extensive Necrosis of Skull—Abscess of Brain.

Dr. Markoe presented part of the cranium of a boy 17 years of age. When five years old he had been run over, and received a wound on the head, no bone being broken, however, and the wound healing rapidly, so that he seemed perfectly well.

Six months afterward, however, he became paralyzed on the right side, (general hemiplegia—the wound having been on the left.) The paralysis, though quite complete, gradually left, and he recovered from it nearly entirely. He was left, however, in an enfeebled condition, with loss of mental vigor, some deafness, etc.

When fourteen years old an epileptiform seizure first took place, which was repeated, and after a time the epilepsy became seated, and occurred regularly in three to five days, and then in periods of seven days. His intellectual faculties at the same time became feeble, and did not develope in the rate of his age.

About five months ago his condition was one of confirmed hebetude, and as the case seemed to be one in which the disease might be associated with the old injury, it was determined to resort to trephining. Accordingly, on the 20th of October last, two disks of bone were removed about an inch apart, together with the intervening bone, leaving an opening of considerable size, the edges of which were pared off perfectly smooth, leaving no cause of irritation. There appeared to have been no pressure upon the membranes beneath.

During the next four weeks there were no convulsions. Then a slight one occurred, and again a complete intermission of two weeks, when the epilepsy reappeared. The hospital of which the patient was an inmate, was at the time the focus of cases of very bad pyæmia, and the patient commenced to suffer also from the general insalubrious atmosphere. The wound did not heal well, but abscesses formed under the pericranium, enabling the probe to be passed several inches in various directions, and disclosing the existence of large tracts of dead bone. All means were resorted to, general and local, to arrest this untoward development of the case, but to no purpose; he began to fail; pallor, dulness, a stupid condition supervened, the convulsions recurred more frequently, coma set in, and about a week ago he died. About two weeks before he died a fungus cerebri made its appearance, which grew to the size of a small orange at the time of death. The stupor and coma had commenced five to six weeks before death. Treatment had been supporting, and stimulating to the extent the case seemed to require.

On post-mortem examination the hernia cerebri had shrivelled down considerably; it was found to have proceeded from the left hemisphere, and immediately below it there was a district of brain substance, which was soft, pulpy, of greenish appearance, but no sign of an abscess. On the right side, however, deep in the substance of the hemisphere, and corresponding to a point of the wound on the other side, an abscess was found giving vent to about two ounces of pus. The ne-

crosis of the skull was very extensive, and had long been recognized.

The case presented two interesting features: first, the operation of trephining in epilepsy; and secondly, the total absence of any attempt of nature to separate and throw off the necrosed bone.

There are certain forms of tertiary syphilis, where this feature is presented. In syphilitic disease of the tibia, also in necrosis of the cranial bones of syphilitic nature, Dr. M. had observed the same non-separation. Three such cases had fallen under his notice.

Dr. Hamilton referred to osteo-myelitis as generally presenting necrosis of the bone without attempt at separation. The separation of dead bone seems to depend much on the constitutional or local cause of the necrosis; if the cause is merely local, separation is common; if constitutional, it is apt to spread without much attempt at separation, and the formation of a line of demarkation.

Reamputated Stump;—Two Cases of Resection of Head of Humerus and Head of Femur for Caries.

Dr. Krakowitzer presented several specimens.

The first were the bones and tissues of a reamputated stump, which had given the patient much suffering, on account of the formation of two hard nodules involving the median and ulnar nerve, and painful cicatrix. The nodules do not appear to be true neuroma, but simply seem to surround the ends of the nerves with fibroid tissue,—the size of hazel-nuts. Since the reamputation the patient has done well, being able to sleep and eat.

The *second* specimen was caries of the head of humerus and shoulder-joint, occuring in a soldier who was first attacked with pain in left shoulder in the summer and fall of 1863, which gave him some difficulty in going through the manual of arms. He remained, however, on duty. In April, 1864, he was taken prisoner, sent to Texas, and remained there thirteen months. The difficulty about the joint increased, and in October, 1864, he was rendered unable to lift his arm without support, and had to carry it in a sling. In June last he returned home. There was then a swelling over the inner aspect of the middle of the left arm. His health gave way, there was loss of appetite, diarrhœa, hectic fever, and night sweats. Two sinuses admitted a probe to the shoulder-joint, which was found in a carious condition, but no necrosis. Resection of the head of the humerus was performed, and the patient has done well since. The glenoid cavity was not completely deprived of its cartilage.

The *third* specimen was that of a resected head of the femur, from a boy, 6½ years old, whose father presented clear signs of arthritis. Three years ago the boy was taken with slight coxitis, from which, however, he recovered entirely. Last July, after a long walk, he commenced to complain of pain in the hip, and as the case, from the commencement, appeared an aggravated one, extension in the recumbent posture was at once resorted to. The treatment was well carried out, but the parents became tired, and the patient was placed in a balneological institution, where he remained under its peculiar treatment with no good effects. When Dr. K. saw him again four weeks ago, the pain and fever had increased. After a few days he became better, and as the severe symptoms subsided, a large fluctuating swelling appeared on the outer aspect of the leg; crepitation was distinctly felt, and it was evident that the capsule had been destroyed, and the pus escaped, relieving the pressure in the joint, and explaining the subsidence of the symptoms. On resection, the head of the femur presented the usual appearance of ulcerative coxitis. There is no reason why the patient should not get well, as the pelvic bones do not appear involved.

Editorial Department.

Periscope.

Morbid Anatomy of Pneumonia.

Dr. A. T. H. Waters, in a paper entitled "Observations on the Morbid Anatomy and Early Physical Signs of Pneumonia," read before the Royal Medical and Chirurgical Society, advances essentially the same views on the pathology of the disease as held by Professor Clark, of New York, (see Reporter, vol. xiii., No. 20, p. 317.)

The vessels involved in pneumonia, according to Dr. Waters, are the capillaries of the pulmonary artery which surround the air-sacs, and form the pulmonary plexus. On examining, under a dissecting microscope, a piece of inflamed lung, which has reached the stage of hepatization, it is at once seen that the seat of the exudation is the air-sacs. These cavities are filled with solid matter, and if the preparation has been kept in spirit for some time, moulds of the cavities can be drawn out. As the air-sacs are the seat of the exudation, it is obvious that the exudation must be poured out from their walls, and as they contain no other vessels than those derived from the pulmonary artery, it is the branches of this vessel alone which are involved in the disease.

Some pathologists, in speaking of the morbid anatomy of pneumonia, have described the exudation as taking place, in part, into the interstitial tissue. But they have not, according to Dr. Waters, described accurately what they mean by interstitial tissue; and it is very important that clear notions should exist with reference to this particular point. The lungs are not permeated throughout with areolar tissue, and it exists only in certain points, and in small quantities. The true lung tissue, that which has been known as the parenchyma, consists of the walls of the air-sacs. These walls are firm and strong, but very thin. They consist of yellow-elastic tissue, and a basement membrane, enclosing the pulmonary plexus. No areolar tissue is found in these walls; a fact which the morbid condition produced by pulmonary emphysema fully demonstrates. Although in pneumonia the walls of the air-sacs become somewhat thickened, this is due, the author believes, chiefly to the enlargement of the capillaries which they contain, and only partly to their retaining some of the exudation.

Pneumonia, then, according to the author, consists of an inflammation of the walls of the air-sacs of the lung, and the blood-vessels involved are the branches of the pulmonary artery, which constitute the plexus; and that the capillaries of the bronchial arteries are in no wise implicated, unless there be a concurrent bronchitis, which is in addition to the pneumonia, and not an essential part of it.

A case of Trephining of the Spine,

Performed by Dr. S. Gordon, is reported in the proceedings of a late meeting of the Royal Medical and Chirurgical Society, as published in the *Lancet*.

The patient was 31 years of age, who met with an injury of the spine on the 27th of March, 1865. He was thrown from a horse into a ditch, and immediately affected with paralysis of the lower limbs, rectum, and bladder. When admitted into the Whitworth Hospital these symptoms still continued; a bed-sore had formed, and there was incontinence of urine, which fluid was alkaline, and contained copious muco-purulent deposit. One of the vertebræ in the lower part of the spine was displaced. The operation of trephining was performed June 3d; it lasted 50 minutes, and was not accompanied by much hæmorrhage. Soon after the operation signs of improvement were noticed. On the fourth day after it the urine became acid, but did not continue so; sensation improved, and some days later there was an increase of motor power. After some time the urine, which was sometimes alkaline, sometimes neutral, became permanently acid, power over the bladder was restored, and the patient was conscious of the passage of fæces. Within eight weeks he was able to go out, reclining in a basket carriage. He has now regained control over the bladder, and he can sit erect with ease and comfort; but he cannot stand, or, of course, attempt to walk. His general health is excellent.

In making observations on this case, Dr. McDonnell, who reports it, draws attention to the following points:

1. There is nothing in the operation of a necessarily fatal kind; neither is it of necessity followed by exfoliation of bone, formation of matter, etc., which makes convalescence very tedious, if not impossible.

2. He thinks that even those who do not advocate the operation in question, must admit that in this case the operation was the cause of the improvement.

3. Judging from our present experience, he recommends that in future cases the operation should be performed early, before structural change has taken place in the cord, and the muscles have fallen into a state of atrophy, from which it is difficult for them to recover

4. He advocates removing the posterior arches of more than one vertebra, as a proceeding which adds little to the difficulty or severity of the operation, and nothing to its danger, and which gives the patient a better chance of ultimately being able to stand and walk.

Reviews and Book Notices.

A Treatise on the Principles and Practice of Medicine: Designed for the use of Practitioners and Students of Medicine, By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, etc., etc. H. C. Lea, 1866. Pp. 867. Price, $6. (In sheep, $7.)

The names of few American physicians are so widely known, both in Europe and in this country, as that of Dr. Flint. This is partly owing to his ubiquity. In Buffalo, Louisville, New Orleans, and New York, at least, he has practised and taught; and some of his medical essays have been first issued in Paris.

Dr. Flint has, however, earned a name by industry, and ability. His principal subjects of investigation have been physical diagnosis and fevers. His works upon the thoracic organs (on Physical Exploration of the Chest, and on Diseases of the Heart) have, we believe, been successful. There has been, therefore, a good deal of inquiry and expectation in regard to the present work on Practice, for some time preparing.

Having no space for an extended review, we must in a few words endeavor to give some account of the character of the book. It is a plainly, almost dryly written work, giving a full account of those diseases necessarily and customarily coming under the cognizance of "Practice of Medicine." This is preceded by a little over a

hundred pages upon the "Principles of Medicine."

Dr. Flint's book lacks the charm of style of Watson, and the elaborateness of Wood. It has the advantage over the last edition of the latter that it is newer, and thus contains more about "cerebro-spinal meningitis," (as he and some others persist in calling spotted fever), trichiniasis, and some other topics lately interesting.

This book represents well the cautious, sometimes timid therapeutics of to-day. We are glad to find, however, that, with Dr. Flint, blood letting is regarded as not always injurious, and is sometimes almost or quite recommended. Mercury may yet be named as a remedy in syphilis; though hardly useful for anything else. Alcohol is very judiciously and moderately prescribed by him; being not even insisted upon in every case of typhus. *Conservatism* in medicine is a favorite word and idea with our author; meaning, as we interpret him, the determination to lean always chiefly upon nature, and, if in danger of error, to let it be always upon the side of doing too little rather than too much. Dr. Flint seems, to us, to give the fullest weight rationally possible to therapeutic doubts. Let us quote a paragraph, for example, upon acute laryngitis. (P. 220.)

"If antimony be used, it should be given largely diluted to avoid its local action on the throat. Mercurialization may be advocated in this, as in some other affections, on the following grounds: Although the antiphlogistic and sorbefacient powers of mercury have doubtless been greatly over-estimated, it is not certain that it exerts no remedial influence in these directions. So long, therefore, as there is room to suppose that it may be useful in any measure, it should be employed in an affection like this, which frequently tends rapidly to destroy life by apnœa. The general depressing effect, and other evils of mercurialization, are of little comparative account, provided the remedy will prove in any degree useful in its influence on the local affection. If mercurialization be determined on, it should be induced early and rapidly, either by large doses guarded with opium, or by small doses repeated at short intervals, mercurial inunction being added."

A few of Dr. Flint's opinions on points of practice may be cited. In consumption, he maintains hope in cod liver oil, and considerable faith in alcohol (with hygienic measures), but deprecates excess. He rejects mercury as a remedy in acute or chronic dysentery. He does not say a word of leeching in acute gastritis, or indeed, so far as we have found, of leeching or cupping in any disease, except (p. 132) to express a want of confidence in all local blood-letting. He calls cholera morbus "sporadic cholera." The *unity* of "cholera infantum" is denied, several distinct affections being considered as confounded in the term; as, "sporadic cholera, diarrhœa from indigestion, enteritis, colo-enteritis, and dysentery." (P. 416.) In giving raw meat scrapings to infants, when other food is rejected, as advised by Weisse and Trousseau, the danger of *tænia* following, as it *has* in some instances, is mentioned.

Dr. Flint is very clear and positive in denying the contagiousness of cholera, while admitting its (very rare) possible portability by fomites. In treatment of epidemic cholera, before collapse, he relies most upon *full* doses of opiates, a grain of a salt of morphia at once, repeated in less than an hour. We must differ, after some experience, *toto cœlo* from this practice; believing in *small* doses, at *very short* intervals. Frictions and sinapisms, in the same case, Dr. Flint thinks of doubtful expediency. *Why*, he does not say; and we cannot see. During the collapse, he continues opium, and adds astringents; or, he says, "may be tried, hydrocyanic acid, creasote, and chloroform." The same is said of some stimulants.

Of diseases of the liver a good and full account is given, following Frerichs, Rokitansky, and Virchow. The history of "neuroses" is also full and clear. In epilepsy he quotes Dr. S. W. D. Williams' report of the failure of bromide of potassium to cure any of thirty-seven cases of epilepsy, all lunatics; although the fits were much reduced in frequency. Kidney diseases, especially Bright's disease, are very well discussed. Particularly good, also, is the account of typhoid, typhus, relapsing, and other fevers.

In scarlatina, cold sponging and the wet sheet are recommended as often very useful. In diphtheria, strong topical applications are deprecated. The tonics and other remedies now in common use in this disease are approved. Rheumatism, gout, and scurvy, end the book.

Taking it altogether, it is a good book on practice. But, were we beginning as a practitioner, and must have but one book as a guide, we would rather have either Wood or Watson; or (a work for which we paid nearly three times the price of Dr. Flint's) Aitken's.

We have no doubt, however, that the high and extended reputation of the author, and the merits which the work possesses, will command for it a large sale, and soon demand another edition. Mr. Lea has given it the advantage, usual with his books, of very clear type, good paper, and substantial binding. It is, no doubt, a volume well worth its (*for the present time*) moderate price.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 7, 1866.

AMERICAN MEDICAL ASSOCIATION.

This body will begin its seventeenth annual session this year, on the first day of May, at Baltimore. We learn that there is every prospect of an unusually large and interesting attendance from all parts of the country. The profession of Baltimore is making ample preparation to give the Association a cordial welcome. We trust that the meeting will be a harmonious one, and that much will be accomplished toward advancing the interests of medical science. A large number of committees are appointed to report on very important subjects, as will be seen by reference to the list published in this number; and there is reason to believe that many of these committees will be ready with able reports.

Several important amendments to the Constitution, proposed at the last meeting, will be voted on at this. Among them are the following:

1. To amend Section II., par. 4, by striking out the word "three," and inserting "five." This amendment has reference to the annual assessment. The particular point in the amendment which may cause difference of opinion is, that as offered, it makes delegates pay five dollars, while permanent members pay but three. It is contended that the two dollars extra paid by delegates not permanent members, is to be regarded in the light of an initiation fee. The argument is plausible, perhaps, but we doubt whether the distinction can be made, practically.

2. Add to par. 14, Section II., after "unanimous vote" the following—"and shall continue such, (*i. e.* permanent members,) so long as they remain in good standing in the body from which they were sent as delegates." The object of this amendment is apparent, and should be adopted.

3. To alter par. 3, of Section II., so as to allow but one delegate for every twenty members of a local Society, instead of one for ten, as now. We think that something should be done to diminish the representation in the Association. It is fast becoming an unwieldy body. Why not cut off, or greatly modify the representation from Colleges, Hospitals, etc., and limit the representation from large local Societies? We decidedly object to the overpowering representation now allowed to large medical Societies.

4. To amend par. 12, of Section II., fixing the status of "members by invitation," by limiting their membership to the meeting at which they are invited. It allows them to participate in the proceedings, but does not give them the right to vote. This should be adopted.

5. Amend par. 16, of Section II., by striking out the latter part of the paragraph, which allows permanent members the privilege of giving letters of introduction to practitioners who may desire to attend the meetings of the Association, and participate in its proceedings as members by invitation, and add to the same paragraph a sentence giving all Ex-Presidents and Ex-Vice-Presidents, and all permanent members who have attended four meetings of the Association as delegates, all the rights and privileges of delegates.

6. In par. 14, Section II., in relation to membership, it is proposed to strike out the words, "and of such other members as may receive the appointment by unanimous vote." This amendment, if passed, would prevent the Association from electing any distinguished foreigner who might be considered worthy of the compliment, a member. Besides, we think that the Association should have the privilege, properly guarded, to be sure of electing members in our own country by unanimous vote. Propositions of that kind might be referred to the Committee on Nominations, or on Credentials, and the member elected on their recommendation. We do not think that this amendment, in the manner in which it is proposed, should pass.

Some steps should be taken to purge the record of permanent members, by rejecting the names of deceased members, and those who have not maintained their membership by contributing to the support of the Association, or in any other way shown an interest in it. Or, if this cannot be done, some other course should be adopted to avoid the expense of publishing the names in each issue of the *Transactions*, of all the permanent and deceased members.

LOCAL ANÆSTHESIA.—A NEW METHOD.

A new method of annihilating pain during surgical operations has just been introduced in England by Dr. B. W. Richardson, and our cotemporary, the *British Medical Journal*, speaks of it with great confidence, and already reports numerous operations in which it has been applied. It consists in the rapid application of ether, in form of spray, over the part, and the combined effect of the resulting cold and the direct effect of the ether produce rapid and complete local anæsthesia.

In the extraction of teeth, and in all those minor operations, in which incisions of the skin, removal of the nails etc., are concerned, the method may be successfully applied. Dr. Richardson

believes that his means may be so extended as to enable even deep incisions to be made without pain. As soon as the skin, rendered painless by the cold, is cut, the ether spray acts upon the nerves in the part below, so that narcotism can be extended to any depth, following the knife, and continuing with the ether spray to act upon the cut surface. The method has already been successfully tried by Dr. R. in over forty cases. A member of the profession was operated upon for fistula with complete local anæsthesia by the ether spray.

Mr. Erichsen operated with similar success for phymosis; insensibility of the parts was produced in fifteen seconds, and the knife gave no pain whatever. In the case of removal of a tumor from the foot, insensibility was perfect in a minute, and the tumor leisurely dissected out, the patient stating that she was conscious of the course of the knife, but without any pain. Opening of an abscess in the breast and eversion of a diseased nail were performed absolutely painless. Different statements are made by different patients in regard to the sensation produced by the application of the anæsthetic; some state it as pleasant, others as slightly unpleasant, and others as burning and sharp. On this point, Dr. Richardson says a great deal depends on the part of the body subjected to its action, and a great deal on the rapidity of the process. The mucous surfaces, the hands, and the face are more sensitive than the other parts of the body. More pain is also felt when the process is prolonged; hence the process should be pushed on rapidly. Methods, however, may be devised for making the process quite free of sensation. Dr. Richardson is devoting himself closely to experiments bearing on this subject, and is having a larger apparatus constructed on what he calls the brush principle, with the view of applying the method in a capital operation.

Thus far, he has used Siegle's spray producer, with the hand-ball spray producer of Dr. Andrew Clark. The ether used should be perfectly pure, and have a specific gravity not exceeding 0.723.

MÜTTER LECTURESHIP.—COLLEGE OF PHYSICIANS.

We take pleasure in reminding our readers that the second series of lectures on Surgical Pathology, under the Mütter endowment, will be delivered by Dr. John A. Packard, during the months of April and May. The course began on Tuesday evening, the 3d inst., at the Hall of the College of Physicians, S. E. corner of Locust and Thirteenth streets. The subject will be "Fractures of the Upper Extremity." The lectures, we understand, will be of a highly practical character, and will be thoroughly illustrated by diagrams, specimens, and other means.

We hope the physicians of Philadelphia will show a proper interest in these lectures. The endowment of Dr. Mütter is an honor to our city. He left to the College of Physicians not only his magnificent museum, but the sum of $30,000 for enlarging it, and for diffusing a taste for the cultivation of surgical science. The course of lectures delivered last winter by Dr. Packard on inflammation, in accordance with the provisions of this bequest, although not as well attended as it should have been, was eminently successful. The result has been embodied in a small volume, which has been read with much interest, and which is highly creditable to our medical literature.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VI.

General Prevalence of Disease.

The directions for making the monthly sick reports in the armies of the United States, require every man excused from duty, on account of sickness, to appear on the report. Hence the total number taken sick, represent slight indispositions as well as severe illness, and the figures are therefore much larger than in those armies in which hospital cases alone are reported.

The statistics during the first two years of the war, show, that on an average each soldier must have been taken on sick report several times a year. The ratio for the whole army was 2966 per 1000 of mean strength for the first year; 2694 for the second. In the Atlantic region, the number of cases was 2749 per 1000 of mean strength for the first year; 2563 for the second. In the Central region, 3422 for the first year; 2832 for the second. In the Pacific region, 2168 for the first year; 2123 for the second.

Regarding the constant sickness-rates, considerable difficulties are met with in obtaining them from the records of the first two years. A close approximation to correct rates for a part of the year ending 1863 may be given: Atlantic region, 106 per thousand of mean strength; Central region, 98; Pacific region, 70; being about 10 per cent. for the Atlantic and Central regions, and 7 per cent. for the Pacific. The highest rate regarding months is for the Atlantic region in October and November (123, 134), the lowest, April

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

and May (79, 81); in the Central region, January, February, and March, present the highest, April, May, and December, the lowest rates; January showing the highest rate in the Pacific region.

Comparative Frequency of the Several Diseases.

The whole number taken sick for the year ending June 30, 1862, was 878,918, of which 19,040 died; giving a ratio per 1000 of cases to strength =3125.85, and a ratio per 1000 of deaths to strength=65.44.

During the second year the whole number taken sick was 1,711,803, of which 52,152 died; the ratio per 1000 of cases to strength being= 2858.62, and the ratio per 1000 of deaths to strength=80.92.

We cannot, of course, give here the extensive tables of Dr. Woodward; we will, however, compile one to show the relative preponderance of some of the most frequent diseases:

Diseases, 1862.	No. Taken Sick	Died.
Typhoid fever	21,977	5,608
Common continued fever	11,771	146
Remittent fever	40,047	370
Intermittent fevers	70,576	69
Congestive intermittent	2,234	361
Acute diarrhœa	164,551	227
Chronic diarrhœa	4,881	493
Acute dysentery	32,237	347
Small-pox and varioloid	1,310	412
Measles	21,676	551
Consumption	2,508	550
Ophthalmia	8,564	1
Acute bronchitis	26,201	102
Catarrh	83,837	5
Pneumonia	11,061	2,134
	1863.	
Typhoid fever	31,374	10,467
Typho-malarial fever	22,652	1,129
Remittent fever	83,716	1,167
Intermittent fevers	186,150	338
Congestive intermittent	3,847	1,020
Acute diarrhœa	373,927	870
Chronic diarrhœa	63,083	7,488
Acute dysentery	64,704	922
Small pox and varioloid	2,822	1,132
Measles	16,345	1,313
Consumption	5,599	2,040
Ophthalmia (purulent)	1,104	—
Acute bronchitis	50,799	187
Catarrh	63,202	24
Pneumonia	20,466	4,957
Scurvy	7,395	90

Camp Fever—(Typho-Malarial Fever.)

On account of the great mortality resulting from it, this was, during the first two years, the most important of the diseases of the army. Under the general designation of camp fever, all those cases are included which were reported, during the first year of the war, under the heads of typhus, typhoid, common continued, and remittent fevers; and, during the second year, under the heads of typhus, typhoid, typho-malarial, and remittent.

Using the term camp fever in its broad sense, as including cases of enteric fever, complicated by malarious poisoning, or the scorbutic taint, the whole number of cases, during the first year of the war, was 74,619; the deaths, 6,315; during the second year, 138,641 cases, and 13,144 deaths —the total for the two years being 213,260 cases, and 19,459 deaths.

The annual ratio of cases of camp fever per 1000 of mean strength for the two years was= 242.34, and the ratio of deaths for the two years, =20.80. Each year about one quarter of the men suffered from some form of the fever, and the deaths amounted to about 2 per cent. of the strength. The whole number of deaths from these fevers during the first year was nearly one-half the total mortality from disease; during the second year, owing to the increased mortality from other diseases, and especially from diarrhœa and dysentery, only about one-third the total mortality from disease, though still maintaining nearly the same ratio to strength.

Camp fever was much more frequent in the Atlantic and Central regions than in the Pacific. In the Atlantic region, during both years, the number of cases was somewhat less than one-fourth the strength; the deaths for each year about 17 per 1000 of strength. In the Central region the ratio of both cases and deaths was much greater during the first year than the second. During the first the cases amounted to nearly one-third of the strength; the deaths to about 32 per 1000 of strength. During the second year the cases were somewhat less than one-fourth of the strength; the deaths 24 per 1000 of strength.

The modifying influence of region on the mortality is shown strikingly by comparing the deaths with the number of cases. In the Central region there was one death to every 9.7 cases for the first year; one for every 9.3 for the second. In the Atlantic region one to 14 cases for the first year, 1 to 12 for the second. In the Pacific region, as there were but eleven deaths in the first year, and six in the second, much importance cannot be attached to its ratios.

A comparison of the monthly ratios of cases to strength in each region indicates the autumnal character of many of these fevers, and confirms the idea of a malarial element in their causation. In fact, the season wave for camp fever during the first year of the war is similar in many respects to that of the intermittent fever, the malarial origin of which is universally admitted.

During the second year the season wave, which in other respects is similar, is somewhat masked by the large figures for July and August in the Atlantic and Central regions. This deviation may be due to the character of the campaigns of the great armies in these regions, and the location in which they operated.

Morbid Anatomy of Typho-Malarial Fever.

The series illustrative of *camp-fever*, in the Army Museum, consists of about 160 specimens, chiefly preparations exhibiting the condition of the intestine in this form of disease. These specimens have been arranged in several groups. In the first, the characteristic lesion is enlargement of the solitary follicles of the small intestine, and especially of the ilium. Thickening of Peyer's patches may be quite absent, or may be present to a variable extent. All degrees of enlargement have been noticed, from the slightest change to cases in which the follicle attains the size of a pea. The most characteristic specimens may be thus described: In the fresh intestine, as received at the Museum, the ilium presents patches of deep congestion, of variable extent; the solitary follicles, enlarged to the size of large pin-heads, are frequently black with pigment deposits. The Peyer's patches, sometimes quite healthy, are more generally the seat of pigment deposits in the individual follicles composing the patch, which appears of a gray color, dotted over with blackish points, presenting a resemblance to the freshly-shaven chin. In other cases, the Peyer's patches are somewhat thickened, and occasionally as much so as in ordinary cases of enteric fever. The solitary follicles are not ulcerated in these cases, except rarely some of the largest, which may present a minute point of ulceration on the apex. The form of fever from which these specimens are obtained, is that which attracted attention in 1862, under the designation of Chickahominy Fever, but which, before and since, has prevailed whenever our armies have operated in malarious regions. It is a continued fever, which presents also a more or less decidedly remittent type, at the beginning at least. It is accompanied by diarrhœa and abdominal tenderness, but usually without tympanitis. Cerebral and pulmonary complications are common, as in ordinary enteric fever. Enlargement of the spleen is frequent and often excessive. The fever usually lasts from three to five weeks, and terminates in a lingering and protracted convalescence. This variety Dr. Woodward proposes to designate as the malarial form of typho-malarial fever.

The second group of specimens is less numerous and represents a rarer form of disease. As first received at the Museum, the ilium presents intense reddish-black patches of congestion, which sometimes extend throughout its whole length. The patches of Peyer are converted into livid, blackish, pulp-like sloughs, which are often remarkable for their size and fungoid appearance. Petechia-like blotches in the mucous membrane of the colon, the small intestine, and the stomach, are of frequent occurrence. Similar discolorations are at times observed in other organs. The cadaver often presents petechiæ on the external surface of the body, and scorbutic alterations of the mouth. During life, these cases are marked by the extremely adynamic character of the symptoms, by petechiæ, at times even by the characteristic scorbutic lesions of the mouth, by hæmorrhage from the bowels, and other hæmorrhages which complicate the disorder, and often prove fatal. The specimens preserved in the Museum, although they have lost their color, show satisfactorily the pulpy slough-like transformation of Peyer's patches. This variety is designated by Dr. Woodward as the scorbutic form of typho-malarial fever. It occurred chiefly at times when other scorbutic diseases were prevailing among the troops.

Specimens of the third group are quite identical with those obtained from the typhoid or enteric fever of civil life, and the cases in many instances are undoubtedly that affection in the ordinary form. As it occurred among the troops, however, the course of the disease was so generally more or less modified by the influence on the soldier of malaria, or of the scorbutic taint, or both, that Dr. W. proposes to indicate such cases as the enteric variety of typho-malarial fever.

INFANTICIDE—CRIMINAL ABORTION.

We have received several communications on this subject. An esteemed correspondent from Washington, D. C., writes as follows:

"Do you not greatly over-rate the number of cases in this country?

"I have had a pretty extensive medical experience—of nearly forty years in Washington—and my opinion is that such cases are rare among *married* women. I can hardly call to mind a single instance where I *know* such an operation to have been *actually* resorted to. Women have occasionally consulted me as to whether they could not be relieved of the fœtus by some mode, but upon having the moral and physical objections to such a course pointed out, have generally at once acquiesced in their propriety and importance. You will observe, I am speaking only of *married* women."

On the other hand, Dr. H. A. Spencer, of Erie, Pa., sends a communication from which at present we have space but for a few extracts. He says:

"Your remarks in the last number of the Reporter upon the subject of infanticide or criminal abortion certainly contain a great deal of truth, and the manner in which you treat the subject is pleasing to me. I am surprised that so little is said and published upon a matter of so much importance, and I have long desired that our medical journals would give this subject proper attention. When we look at this matter in a true light, and fully realize to what extend it is carried on, it is truly fearful!

"It is an undeniable fact that this infamous practice is much more prevalent among married women than among the single.

"I tell no untruth when I say that it is not an uncommon thing for the physician to be called to the dying bed of her, who but a few days since was in the bloom of health, now lying at the gates of death; with the awful conviction coming home to her, that with her own hands she has committed the fatal act.

"Now one serious question in my mind is, what are the agencies that tend to keep up this species of murder?

"In the first place I am of opinion that the medical profession are not acting rightly in this important matter.

"Is it not a fact, that some physicians, instead of sharply rebuking this practice, tolerate it, under their own eyes, and in many instances even help it on? I greatly fear that such is the case.

"Another great source of assistance in this criminal abortion is the quack pills and nostrums that flood our country, and I am sorry to say are advertised in all our leading papers and periodicals. Now, I have a very high regard for the press in our country, yet I must say that the puffing and advertising, and recommending these miserable nostrums, and the still more miserable creatures that manufacture them, is a stain upon the character of their noble calling. The press should be the very source through which these loafing pretenders, and their poisonous pills and slops '*not to be taken during the first three months of pregnancy*,' should be shown up in their true light, and the public warned against such vile impostors. Is it not high time that some interest should be manifested in this very important matter?

"I am truly gratified to find that the Reporter has taken this subject into consideration, and hope other medical journals will follow the example, and that the press, generally, will agitate this matter, until a reformation is effected. And let us, as physicians, do all we can to do away with this disgraceful practice, let us speak out upon this subject, and never cease our efforts until the desired object is accomplished."

While we would be rejoiced, if the estimate of our first correspondent, regarding the rarity of criminal abortion among married women, should prove to be correct, yet we doubt whether his views are borne out by the general experience of the profession. One thing must be borne in mind—physicians of the best and highest standing, and most extensive practice, are not the ones most frequently applied to by the *habitués* of abortion. In reference to Dr. Spencer's view, that it is to be feared that physicians have not opposed the evil with that degree of energy which it demands, we cannot entertain the idea. The profession, as a whole, has in this matter been true to itself. But there are black sheep in every community, and in every profession, and one of the the objects, which we have had in view in opening this discussion, is to arouse the profession to the importance of dealing summarily with such men, and in exerting their influence in favor of stricter legislation regarding the crimes of infanticide and abortion. There is a demand for still more light on the subject, and we hope the profession will speak out.

Notes and Comments.

Trichiniæ.

Although, as yet, no authenticated case of trichiniasis has occurred in the United States, people seem to be terribly frightened about the little animals, and the pork-dealers are doing very little business. There is not a shadow of sense in this panic. Trichiniæ probably have existed as long as pork has formed an article of human food, and the disease to which they gave rise has been ascribed to other causes. If the meat is properly and sufficiently *cooked*, they become inert, and nobody need be alarmed.

Another New Medical Journal.

We have received the first number (for March, 1866,) of the *Medical and Surgical Monthly*, published at Memphis, Tenn., edited by Drs. Frank A. Ramsey, D. D. Saunders, E. Miles Willett, and W. H. White. The *Monthly* consists of 68 pages of reading matter, original and selected. We cheerfully commend the *Monthly* to our readers, and bespeak for it a hearty support.

Books Received.—A Manual of the Principles of Surgery, Based on Pathology. For Students. By Wm. Carniff, M. D,, etc. etc. Pp. 402.

☞ We are requested to state that there is no intention of changing the place of meeting of the Association of Superintendents of American Hospitals for the Insane, but that it will meet in Washington, as announced.

Correspondence.

DOMESTIC.

Skin Disease.

Editor Medical and Surgical Reporter:

I see, in the Reporter of Feb. 17, an article by T. B. Smith, M. D., on diseases of the skin known by various names in this country, "Prairie Scratches," "Digs," and various other epithets as the patient may fancy. Some attribute it to one cause, and some to another; a great many attribute all their trouble in this way to eating pork, others to change of water. But I am inclined to believe that it is often contracted by sleeping in beds used by all classes of emigrants at our public houses, where sometimes at the time of the heaviest emigration rush, all kinds and classes are huddled together, and are compelled to sleep any way or in any kinds of beds. I have no doubt that it is infectious, for it often goes from one family to another in the vicinity, or among school children, where their hands are often in contact in their plays and amusements. I am not satisfied as to the real nature of the disease. My first experience with it satisfied me that the usual remedies for itch did no good. I have used the following for the last few years, and have never known it to fail where it is faithfully applied.

℞. Iod. potass., gr. ij. to v., according to the age of the patient, twice a day for ten days or two weeks; and to stop the intolerable itching and relieve the present eruptions, I use the following, having it applied at bed-time over the surface, wherever there is any eruption, and the morning following wash off well with strong soap-suds, to prevent any deleterious effect of the mercury and cleanse the surface, which in some cases is an important adjunct to the treatment. Use it for three nights, washing off well every morning, and if not well at the end of one week, reapply it; but it is hardly ever necessary to use it more than three nights.

℞.	Adeps,	℥iv.
	Hyd. oxyd. rub,	℥j
	Terebinth. venet.,	℥iss.

Mix well, having the precipitate well triturated first, and put into a wide-mouth vial, and cork well if it be kept for use. I would like to know how it operates in the cases Dr. Smith speaks of.

J. H. Foster, M. D.

Iowa Falls, Hardin co., Iowa.

P. S. The iod. potass. will cure it alone, if followed up for two or three weeks, in good doses.

J. H. F.

Case of Poisoning by Essence of Peppermint.

Editor Medical and Surgical Reporter:

On the third of January last, a boy, six years of age, took between one and two ounces of essence of peppermint. Five minutes afterward he was found lying insensible. I saw the child twenty minutes from the taking of the peppermint, found him motionless, limbs relaxed, with a slow, full, pulse, stertorous breathing, cold skin, livid lips, immoveable pupils, and eyes fixed. Failing to produce vomiting by the use of emetics, the stomach tube was introduced; the tepid water, used in cleansing the stomach, bore a strong odor of the peppermint; cold was applied to the head, and friction to the extremities, but all to no avail, the child never recovered from its comatose condition, but gradually sank and died two hours after taking the peppermint.

P. C. Remondino, M. D.

Wabashaw, Minn., March 21, 1866.

News and Miscellany.

Alumni Association of the College of Physicians and Surgeons, New York.

The Eighth Annual Meeting was held at the College building, corner Twenty-third street and Fourth Avenue, on Friday evening, March 9th. The President, Dr. John G. Adams, in his inaugural address, gave some interesting points in the history of the institution, and paid a high compliment to those graduates who had in so large numbers sustained the reputation of their Alma Mater in the service of their country. The following gentlemen were elected officers for the ensuing year: President, Dr. Alfred C. Post; Vice-President, Dr. Gurdon Buck; Secretary, Dr. Ellsworth Eliot; Treasurer, Dr. Henry B. Sands. The Board of Councillors were, in the the main, reëlected. The Standing Committee on Publication of the Triennial Catalogue, was also reëlected, and consisted of the following: Drs. Gurdon Buck, Samuel St. John, Ellsworth Eliot, Henry B. Sands, and Dr. John Shrady, Jr. Dr. Samuel R. Percy was awarded the prize offered by one of the Association for the best thesis on any medical subject. The title of the successful essay was, "What Effect has the Meat or Milk of Diseased Animals upon the Public Health?" Honorable mention was made of the following: "The Sanitary Condition of Large Cities," and "Certain Diseases of Accommodation in the Visual Apparatus." A committee was appointed to confer with Dr. Percy regarding the publication of his paper, and the matter of prizes was put upon a permanent basis through the munificence of Dr. Delafield, who subscribed the full amount, $1500, as a fund to be invested, the interest of which should be devoted to the encouragement of medical writing on the part of the Alumni. The Committee on Publication of the College Catalogue received the thanks of the

Association for the elegant and satisfactory manner in which their duty had been preformed. On motion of Dr. Gabriel Grant, it was substantially resolved that, by and with the consent of the Trustees, a tablet to the memory of all those who had fallen at the post of duty during the late war should be erected in the College at the expense of the Association. By a subsequent resolution, the officers of the Association were constituted a committee, with power to confer with the Trustees and collect the necessary subscriptions. Dr. Ellsworth Eliot read a series of very interesting obituaries of members deceased since the last meeting, after which the meeting adjourned. —*Med. Record.*

Phosphate of Iron in Blood.

Mr. James Bruce says that the red particles in blood are caused by phosphate of iron, for by adding this preparation of iron to blood, or to the white of an egg beaten up with distilled water, a beautiful color is produced. Mr. Bruce further states that its presence in the blood serves the purposes of heating and thinning it, promoting its intestine motion, as well as helping it through its passages (from its superior gravity) by increasing its weight and force against them, and therefore, any obstruction in the glands or capillary vessels must sooner be removed by such metallic particles than by those which are lighter. Iron, he adds, is the only metal friendly to the human constitution; but its use, where iron medicines are called for, must not be persevered in for any length of time, as any large excess in the blood would only serve by its pressure against the sides of the vessels to cause internal hemorrhage. The last fact was evidenced in the treatment of the cattle plague, the excrements of the cows being mixed with blood, where large doses of iron were administered, and which is not one of the recognized symptoms of the epidemic.

Chloride of Lime.

The use of Chloride of Lime to destroy vermin was tried by a correspondent of the *London Builder*, who relates his success in the following remarks:

Some years ago, I read in a French scientific periodical, that chloride of lime would rid a house of all vermin. I treasured up the information until an opportunity offered for testing its value. I took an old country house, infested with rats, mice, and flies. I stuffed every rat hole and mouse hole with the chloride. I threw it on the stone floors of the dairy and cellars. I kept saucers of it under the chests of drawers, or some other convenient piece of furniture; in every nursery, bed or dressing room. An ornamental glass held a quantity at the foot of each staircase. Cow-sheds, stables and pigstyes, all had their dose, and the result was glorious. I thoroughly routed my enemies; and if the rats, more impudent than all the rest, did make renewed attacks upon the dairy, in about ten months, when probably from repeated cleansing and flushing all traces of the chloride had disappeared, a handful of fresh chloride again routed them and left me master of my own premises. Last season was a great one for wasps. They could not face the chloride; though in the dining room, in which we had none—as its smell, to me most refreshing and wholesome, is not approved of by all persons—we had a perpetual warfare. And all this comfort for eight-pence! Only let housewives beware that they place not the chloride in their china pantries, or in too close proximity to bright steel wares, or the result will be that their gilded china will be reduced to plain, and their bright steel fenders to rusty iron, in a short time.

We advise a trial of the chloride of lime for the "vermin" that infest the grape vines; those pests the rose bugs; also the squash bugs, and the cucumber bugs, and indeed for all the bug family, so well known to gardeners and farmers.

Pension Examining Surgeons.

The following are recent appointments:

Mass.—Dr. A. H. Daniels, Amherst.

Missouri—Dr. John Thompson, Edina; Dr. O. Allen, Austin.

Iowa—Dr. Geo. Stitzell, Nevada; Dr. Wm. A. Morse, Manchester.

—— Dr. J. A. Read, of Baltimore, denies the whole theory of trichina. He says: "I boldly assert that the trichina never did and never will destroy human life; that they have in all probability existed in the human flesh always, certainly for the last half-century; and I think it a fair deduction, taking it, for the sake of argument, as granted, that we may receive them through the instrumentality of the hog, that they are not more dangerous to life on that account."

—— The hospital records have just been footed up, and they show the enormous aggregate of 253,000 Union soldiers to have died on battlefields and in hospitals during the war to suppress the rebellion. This does not include those who died at their homes of lingering disease contracted in the service.

—— The appointment of Consulting Physician to the Ward's Island Hospital, New York, has been tendered by the Commissioners of Emigration to Dr. Henry G. Cox, and the offer has been accepted.

—— Out of forty-eight candidates, the Paris Imperial Society of Surgery has chosen the following ten foreign correspondents: Donders, of Utrecht; Longmore, of Netley Hospital; Bilroth, of Zurich; Brown Sequard, of Boston; Holmes, of London; Humphry, of Cambridge; Gurlt, of Berlin; Neudorfer, of Prague; Smith, (probably Stephen Smith,) of New York, and Emmert, of Berne.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

MARRIED.

Anderson—Smith.—In this city, March 21st, by the Rev. W. C. Best, Edwin Anderson, M. D., of Marietta, Ohio, and Miss Lizzie K. Smith, of Philadelphia.

Blanchard—Gladish.—March 20th, in Parish Lafourche, La., at Abbey Plantation, the residence of Mrs. Mary E. Bellier, by Rev. R. Hardie, Joseph A. Blanchard, M. D., and Miss Annie M. Gladish.

Crossley—Agard.—In Princeton, Ill., March 15th, by the Rev. N. H. Axtell, George W. Crossley, M. D., and Miss Clara L. Agard, both of Princeton.

North—Mills.—On Sunday, March 18, at Cornwall, Conn., by Rev. Stephen Fenn, at the residence of his father, Burritt B. North, M. D., William B. North, M. D., and Annie M. G. Mills, of Brooklyn, L. I.

Lackey—Hitchcock.—February 13, 1866, at the residence of the bride's parents, in Moline, Ill., by the Rev. A. B. Hitchcock, assisted by the Rev. A. H. Lackey, Dr. R. M. Lackey, of *The Chicago Medical Journal*, and Miss Frank A. Hitchcock.

Miller—Wymond.—March 25th, 1866, in Laurenceburg, Ind., by Rev. F. A. Hester, Dr. C. B. Miller, and Miss Helen E. Wymond, all of Laurenceburg.

Schenck—Bush.—In Brooklyn, March 28, at the Church of the Holy Trinity, by Rev. Mr. Littlejohn, Dr. John P. Schenck, Jr., of Matteawan, N. Y., and Mary E., daughter of H. V. Bush, Esq., of Brooklyn.

Sprague—Danielson.—March 27, at West Killingly, Conn., by Rev. W. W. Davenport, Dr. H. M. Sprague, of West Farms, N. Y., and Miss Sarah G. Danielson, of the former place.

Wilson—Evans.—March 20th, at the residence of the bride's parents, by Rev. J. H. Timmons, J. C. Wilson, M. D., of Armstrong co., Pa, and Miss Caroline Evans, of Tarentum, Pa.

DIED.

Ball.—In Northboro', Mass, March 21, Mrs. Lydia Ball, widow of Dr. Stephen Ball, Sen., aged 86 years and 4 months.

Bradley.—In Lowell, Mass., March 23, Mrs. Louisa W. Bradley, widow of the late Dr. Peleg Bradley, aged 73 years and 1 month.

Briddon.—In New York, March 25, Blanche, second daughter of Dr. Charles K. and Martha Briddon, aged 7 years and 8 months.

Ennis.—In Carrollton, Ill., March 9th, at the family residence, Mrs. Julia A. Ennis, wife of Dr. Ennis.

Gordon.—At New Albany, Ind., January 3d, 1866, after a lingering illness, Mrs. Eliza A. Gordon, wife of Dr. John Gordon.

Grey.—In Brooklyn, on Monday, March 26th, Joseph Edward Grey, M. D, aged 36 years and 5 months.

Jones.—In this city, March 25th, Dr. A. C. Jones, in the 56th year of his age.

North.—At Cornwall, Conn., after a short illness, William B. North, M. D., in the 31st year of his age. (Date not given. See marriages, above.)

Storet.—In Chicago, Charles Edward Storet, youngest son of Dr. Charles Storet, of inflammation of the brain, aged 19 months.

Townsend.—In this city, March 26th, Dr. Charles Townsend, dentist.

Walton.—In London, England, March 16, Eliza, the beloved wife of Dr. Henry C. Walton, of New York.

White.—In New Orleans, March 19, 1866, at the residence of the Rev. Elijah Guion, 180 Jackson street, Susan Davis White, aged 18 years, daughter of the late Dr. Franklin White, of Vicksburg, Miss.

Wolfe.—March 27th, Dr. William W. Wolfe, of Milton, Del.

Zabriskie.—In New York, March 29, of typhoid fever, in the 23d year of his age, Le Maire Zabriskie, M. D., elder son of Christian Zabriskie, Jr.

☞ At a special meeting of the Bellevue Hospital Medical Union, held March 30, 1866, the following resolutions were unanimously adopted:

Whereas, It has pleased Almighty God to take from our midst our friend and associate, Dr. Le Maire Zabriskie, through disease contracted during his residence in this hospital.

Resolved, That we sincerely deplore the loss of one whose enthusiasm and noble disposition led him to sacrifice his life in the performance of his professional duties, and that in his death the profession has lost an earnest and faithful member, and ourselves a sincere and valued friend.

Resolved, That we tender to the family of deceased our most heartfelt sympathies in their bereavement, and that we bear witness to the many virtues which endeared him to all with whom he was brought in contact.

Resolved, That as a mark of respect the members of this Society attend the funeral, and wear the usual badge of mourning for thirty days.

Resolved, That we transmit a copy of these resolutions to the family, and that they be published.

EDWARD FARRELL, M. D.,
W. W. JOHNSTON, M. D.,
S. AMABILE, M. D.,
Committee.

METEOROLOGY.

March,	19,	20,	21,	22,	23,	24,	25.
Wind	N. E.	N. E.	S. W.	S. W.	N. E.	E.	N. W.
Weather	Cl'dy. Snow.	Cl'dy. Rain.	Cl'dy. Showery.	Clear.	Cl'dy.	Clear.	Clear. High Wind.
Depth Rain		2-10					
Thermometer.							
Minimum	23°	25°	26°	28°	28°	37°	30°
At 8 A. M.	31	33	37	33	33	46	33
At 12 M.	33	42	45	45	55	46	31
At 3 P. M.	33	42	44	46	52	44	32
Mean	30.	35.50	38.	38.	43.25	43.25	31.50
Barometer.							
At 12 M.	30.1	30.1	30.2	30.3	30.1	29.8	29.8

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

AMERICAN MEDICAL ASSOCIATION.

The SEVENTEENTH ANNUAL SESSION will be held in the city of Baltimore, on Tuesday, May 1, 1866.

The following Committees are expected to report:

On Prize Essays, Dr. Austin Flint, Sr., New York, Chairman.
On Quarantine, Dr. Wilson Jewell, Pa., Chairman.
On So-called Spotted Fever, Dr. Jas. J. Levick, Pa., Chairman.
On Ligature of the Subclavian Artery, Dr. Willard Parker, New York, Chairman.
On Tracheotomy in Membraneous Croup, Dr. Alex. N. Dougherty, N. J., Chairman.
On rank of Medical Corps in the Army, Dr. C. S. Tripler, U. S. A., Chairman.
On Rank of Medical Corps in the Navy, Dr. T. L. Smith, N. Y. Chairman.
On Medical Literature, Dr. C. A. Lee, N. Y., Chairman.
On Medical Education, Dr. Samuel D. Gross, Pa., Chairman.
On American Necrology, Dr. C. C. Cox, Md., Chairman.
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WM. B. ATKINSON,
Permanent Secretary,
Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 476.] PHILADELPHIA, APRIL 14, 1866. [Vol. XIV.—No. 15.

Original Department.

Communications.

A SUMMARY OF OBSERVATIONS ON CHOLERA.

By George Sutton, M. D.,

Of Aurora, Indiana.

As the pages of the Reporter have been open for the opinions and observations of physicians on the subject of cholera, I will present a summary of conclusions which I think can be sustained by conclusive arguments, and which appears to me to explain much of the obscurity which has attended this disease. Some of these conclusions were presented to the Indiana State Medical Society in the year 1853, and are published in the Proceedings of the Society for that year. They are based upon an extensive experience with cholera under various aspects—having observed the progress of the disease as it spread through a sparse population in our rural districts, which gives the physician a favorable opportunity of tracing the connection, if any exists, between the different cases that occur — also having seen cholera assume, as it were a local character, and present its most malignant form in certain small localities within our city, and sweep off more than half their inhabitants; again presenting an opportunity of examining why these localities (which are the most healthy and elevated in our city) should be so severely attacked by the disease—and also having had the experience of being prostrated from a severe attack of cholera myself, and while confined to the bed, see my family stricken down, my son die after only a few hours' illness, and other members of my family reduced to the lowest stage of collapse from which the system could recover—an experience with me in cholera which has led to a careful observation of facts, and an anxious endeavor to unravel and account for the diversity of phenomena which the disease presented, as it prevailed in this section of country.

Physicians have recently presented the theory that cholera-poison may emanate from evacuations, as something new. This theory was advanced by myself in 1853, in the report alluded to, (and I am not aware that the theory was ever advanced before,) to account for the cause of the disease being so malignant in certain localities in the city of Aurora. It was shown in that report that the alimentary discharges, from their watery character, were generally emptied upon the ground, and that in one locality the bedding known to have been saturated with the discharges during the last stages of a fatal case which I attended, was thrown upon a vacant lot and became, as I supposed, the first point from which emanated the infection that produced a *local* malignancy to the disease. (See the same Report, pages 162, 163, and 166.) The idea is also advanced in that Report, that cholera, like many other diseases, is capable of assuming different grades of violence, and that under the form of a mild diarrhœa, it may be spread over the country by persons who are scarcely aware that they are unwell. (See pages 160 to 175.)

The conclusions which we present may be summed up as follows—and if found not to be altogether correct, we think is an advance in the proper direction.

1st. That cholera is unlike any other disease, and is governed by laws peculiar to itself.

2d. That its cause is an organic poison, which is reproduced within the human system, and is diffused by human intercourse.

3d. That for the development of cholera on this continent, there must first be cholera-poison, next, a community susceptible to its influence.

4th. That the susceptibility to cholera resides in the organic nervous system, upon which the poison first makes its impression, producing innervation and altered action of the capillaries, giving rise, in many instances to profuse exhalations, also morbid secretions from the mucous membranes, from which probably the infection arises—as we see in hydrophobia, a *nervous disease*, associated with poisonous secretions from the salivary glands or glosso-pharyngeal mucous membrane.

5th. That this susceptibility to cholera is not alike in all persons, but exists to the greatest extent in a community that has never been under its influence.

6th. That temperature, or season of the year, humidity, modes of living, and other local and physical causes, increase or diminish the susceptibility of the community to the disease.

7th. That cholera, like other diseases, may assume different grades of violence, and may also prevail under different forms.

8th. That it may prevail under the form of a diarrhœa. That where predisposition, season of the year, or other causes favor the development of dysentery, that cholera assumes this form of disease. That it may prevail as a mild cholera-morbus, and the malignant form is the name that we would give to those cases where there is failure of the circulation, blueness of the skin, cramps, etc. etc.

9th. That when cholera-poison was introduced upon our continent, in 1832, in the North, and in 1848, in the South, it was the cause of these four forms of disease spreading over the country —in many places intimately associated, and in others appearing only as an *epidemic diarrhœa*— which we consider not merely a "symptom" of cholera, or the "premonitory stage," *but the cholera itself in a milder form*. Why call this diarrhœa that accompanies cholera the premonitory stage, when a large majority of cases proceed no further. And at what period of the attack are we to consider true cholera as commencing?

10th. That the disease may be spread by each one of these forms, and by the diarrhœal form even if only *one person out of ten* is susceptible to its influence. Consequently, no other disease known can be so easily diffused over the country as cholora, and no other disease so difficult to trace the manner of its diffusion.

11th. That the malignant form of cholera is favored by a variety of causes, among which are predisposition, tendency to diarrhœa, modes of living, mental depression, probably fear, *but more particularly than from any other cause, upon the accumulation of infection*, which overpowers vital resistance before the system has acquired the power to tolerate the disease, as we see from the same cause, in certain malarial districts, a simple disease assuming the fatal and malignant form of congestive fever.

12th. That the principal cause of the accumulation of infection is from the evacuations, which from their watery character are generally emptied upon the ground, and from which the infection is capable of spreading through the atmosphere, and gives a local malignancy to the disease. (See Report to Ind. S. M. S.)

13th. That this accumulation of infection takes place when cholera is introduced under favorable circumstances into large crowds of human beings, or poorly ventilated places,—or in cities, or on low damp situations during stillness of the atmosphere—and particularly where the sub-soil is of *clay or limestone formation*, while upon a dry and *sandy soil*, which rapidly absorbs moisture, the infection seldom accumulates. (Pettenkoffer's theory might have some foundation if the disease did not appear so fatal on board our steamboats and ships, thousands of miles from the soil or land, which he considers necessary in connection with the evacuations, to develop the cholera germ.)

14th. That season of the year or temperature has a marked influence upon the progress of cholera, and *that during the winter it may prevail in our cities as a mild form of diarrhœa*, to reassume its malignant form as summer and other causes favor its development.

15th. That the *system soon tolerates the poison*, and that attacks of either of the forms of cholera and frequent exposure to the infection, removes in a great measure the susceptibility to the disease, which is probably acquired again in from 15 to 20 years. This power in the system to tolerate the poison is the reason the disease leaves the country, and seldom attacks a city or town severely the second time.

16th. That when cholera poison is once introduced upon our continent, the most certain prophylactic in our northern climate (in connection with proper sanitary regulations) *against the malignant form of cholera in the summer, is frequent exposure under favorable circumstances to the infection during winter, by which the susceptibility to the disease may in a great measure be removed.* We are well aware that cholera prevailed in Russia, Scotland, and parts of England during the winter, but we think that these facts, when properly examined, have but little weight against the correctness of our conclusion.

Now we think that we have a very extensive array of arguments to sustain each one of these conclusions, a summary of which, in as few words as possible, we will present at another time; merely stating at present that the first conclusion that cholera as an infectious disease is governed by laws peculiar to itself, we consider as self-evident, and requires no argument, if the other conclusions we present are correct. Physicians tell us that cholera cannot be contagious, because it differs from all other contagious diseases. This assertion, we think, is without foundation, because *we do know* that contagious diseases are governed by different laws—hydro-

phobia, for instance, is a contagious disease—communicated by inoculation, like small-pox, and capable of reproducing its poison in different species of animals, even in the human system, according to the experiments of MM. Magendie and Breschet; but hydrophobia differs from all other diseases, and is governed by laws peculiar to itself, and differs as much in its nervous symptoms and indefinite period of incubation of its poison from small-pox, as cholera does from other infectious diseases.

Could the virus of hydrophobia rise into the atmosphere like the infection of rinderpest or of small-pox, and many other diseases, (and why should it not assume an ærial character?) and produce its specific effects upon the human system through the respiratory organs as it does now by inoculation, it would then in its mode of communication resemble cholera, and be by far a more terrible disease, perhaps the most terrible disease upon our globe, incurable in its nature—communicable to different species of animals, which would reproduce the infection from innumerable sources; and, like cholera, this infection having no *definite period of incubation*, it would be still more difficult to guard against it by quarantine than cholera, and in time, like cholera, it might desolate extensive portions of the globe. By merely changing then the physical properties of the virus of a well known contagious disease, we should have a malady probably more terrible than cholera, which unlike all other diseases, would be then, as it is now, governed by laws peculiar to itself. It is highly probable that future discoveries may show that several theories of the formation of contagion are correct, and that organic poison germs may originate, 1st, from zymotic agents, or poisons which are capable within the blood of re-development. 2d. From *morbid secretions, which by a natural selection for the organs from which they were secreted, causes the reproduction of a similar secretion;* and also, possibly from morbid secretions becoming poisonous from their union with the elements of matter, either in the earth or atmosphere. Is there anything unreasonable in supposing that certain vitiated secretions, which are probably in the form of cells, when introduced into the blood of another system through the respiratory organs, have a *natural selection or tendency to produce morbid or specific effects on those organs, membranes or cells, from which they were secreted, so as to reproduce a similar secretion* or re-development of poison germs. This action being influenced by an excited or irritated condition of the nervous system of the part, produced by the poison itself—as we know that many of the secretions are excited and changed by nervous influence. That poison germs are reproduced by secretions without the blood being contaminated, is a well known fact—as we see that an application of gonorrheal poison to a mucous membrane, or the poison of purulent ophthalmia applied to the conjunctiva reproduces a similar poison without poisoning the blood, while in small-pox, measles, scarlatina, and some other diseases, we have the evidence of blood poisoning; and in gonorrhea, purulent ophthalmia, hydrophobia, cholera, and probably hooping-cough, we have reason to believe that the poison germs depend upon *morbid secretions*. Then again we see the different effects which these specific poisons produce upon *the nervous system*, as in hooping-cough, hydrophobia, and malignant cholera.

CASES OCCURRING IN MARSHALL INFIRMARY, TROY, N. Y.

Reported By Dr. Thorn.

Cancer of the Stomach.

Peter H., æt. 65, native of New York, by occupation a farmer, was admitted into this hospital, Dec. 31st, 1864. He was very much emaciated, and had a peculiar yellowish complexion. He complains of pain and great tenderness in the epigastric region. His appetite had failed him and when he did partake of food, it was followed in a short time by severe grinding pain, and by vomiting. He was much distressed with "heartburn" and regurgitations of portions of the contents of the stomach, in a very sour state, and with belching of wind. Deglutition had never given him any trouble. The walls of the abdomen were somewhat distended and quite unyielding, but no tumor could be detected with the limited facilities which the patient gave us for physical exploration; but he said he had sometimes thought that he could feel one on the right side, just below the free borders of the ribs. His father and mother died of old age, respectively at 97 and 98. A sister had died of cancer in the breast, but with this exception, he knew of no other instance of the disease in the family, or of phthisis or scrofula. He himself had always been a strong healthy man, weighing 240 lbs, until about ten years since, when he began to suffer from constipation and pain in the bowels, and to lose flesh and strength. In June of 1863, he was seized with a fainting-fit, after which he vomited a large quantity of "dark stuff," and in the following July, he was seized with another attack of fainting, followed by a like copious

vomiting, which left him very weak. This symptom was more or less present during the last three months previous to his admission. He lingered eleven days, and died.

On post mortem examination, the pyloric extremity of the stomach was found to be the seat of cancer. The orifice was contracted to a very small size, and a short distance from it posteriorly was a perforation, easily admitting the thumb. The peritoneum was very much thickened, and the sac contained about two quarts of thickish dirty fluid. The œsophageal opening was entirely free from disease.

Heart Clot.

Thos. F., æt. 70, native of New York, and by occupation a bar-tender, was admitted into this hospital, Dec. 15th, 1864. He complained of intense pain in the right side, pain in all his bones, and of headache. His countenance was anxious, the skin hot and dry, and there was great thirst. The respiration was hurried, 45 or 50 per minute, urgent, and attended with much suffering. There was some cough, but no expectoration. The pulse was 80, not very quick or intermittent, but somewhat incompressible. The respiratory murmur was absent in the right lung, and there was complete dulness on that side, and bronchial breathing. The symptoms gradually increased in severity, and the patient sunk about nine o'clock the next morning. An hour before this event took place, the pulse was between 80 and 90, and quite strong. There would be pulsations for a minute or so, and then suddenly they would become imperceptible for a second or two, and then as suddenly become perceptible again, and with the same strength.

On post mortem examination, twenty-four hours afterward, the right lung was in a state of solidification, and more or less adherent to the walls of the chest by old and recent adhesions. The left lung was healthy, but also adherent to the opposite walls of the thorax by adhesions of long standing. The heart was normal in size, but on examining the cavities a large clot was found, adhering by a broad base to the right auricle, and extending into the right ventricle, and was finally entangled in the chordæ tendinæ of the biscuspid valve. A second clot was found adhering to the lower surface of one of the segments of the mitral valve. This was much smaller than the one found on the right side. These concretions were firm, resisting, and of a yellowish color. This patient had been for many years a sufferer with rheumatism.

REPORT OF A CASE OF ELEPHANTIASIS ARABUM.

By Samuel W. Francis, M. D.,

(Fellow of the New York Academy of Medicine)

Through the courtesy of Dr. Julius Stephen Thebaud, of this city, I was invited to witness an operation to be performed by him on a private patient of his, and whose board he was paying at the Colored Home. The disease was an enormous growth of the scrotum and adjacent parts, and the intention of Dr. Thebaud was to dissect out the testicles and penis, and make out of certain flaps, left for that purpose, a new scrotum. Many eminent medical and surgical men were present at the appointed time, but owing to the feverish condition of the patient, the operation was postponed for a few days.

It has been considered that a description of the case, with an engraving* of this enormous tumor, would prove of great interest to the profession at large, and surgeons in particular; especially as seldom in the natural lifetime of a citizen of this metropolis, does he have it in his power to examine anything of a similar character, there being, I think, but one case where an operation for the same affection has been performed in this country. An excellent, full-sized plaster cast has been taken of it.

Isaac Newton, a colored man, shoemaker by trade, and single, was born in Columbus, Georgia, in 1844, and is consequently 22 years of age. His appearance is that of a healthy negro, whose organs are in excellent condition, and, with the exception of this enormous tumor—when it is concealed from view—no one would, for an instant, suppose that there existed anything abnormal in his constitution. His appetite and digestion seem to be most excellent; his passages natural, and his urine of an average specific gravity.

About eight years since, he first became aware of an increase of growth in the region of the testicle. This insidious enlargement continued to make advancements until the penis and scrotum became finally enveloped and comprehended in the confused mass, so that at the present time neither the testicles nor scrotum, nor any remnant of the penis can be seen, the whole being covered over by an hypertrophy so gigantic in its dimensions as to have become the great event in this poor man's life. There exists no difficulty whatever in his passing urine, for, though it is Dr. Thebaud's opinion that the penis still maintains its former position, through the centre of this tumor a channel has been formed for the

* From a photograph, taken from life, by David Choate, of 330 Third Avenue, N. Y.

outflow of the urine, and the meatus, as may be seen in the annexed engraving, is almost in the same proper relative locality that it should be.

With regard to the existence of his testicles, there can be no doubt but that certainly *one*, at least, is healthy. His sexual desires are very strong at times; he has occasional seminal emissions, and can point out the exact spot where, by pressing down, one may feel the testicle, through what might justly be called this immense accumulation of living dough.

On examining the tumor carefully, it presents an indurated, uneven appearance; irregular in shape, with certain elevations and depressions, some parts being rough, while others, in passing the hand over them, can only be likened to the smoothness of satin. The color of the posterior aspect is of a dead light brown, especially where it has rested on the ground and the cuticle been worn away. This tint gradually runs into a yellow ochre, becoming almost of creamy whiteness, and very much resembling the ball of a negro's foot. The anterior, and, in fact, nearly all the rest of the view is that of black walnut tinged with a coppery blush. Taken as a whole, its appearance is that of the glans penis on a magnified scale; while palpation would lead a careful observer to pronounce the existence of a hydrocele. On pressing the outer portions of it, there is a meaty feeling; while in others, by gently patting the upper edge, there exists a plain indication of the presence of some fluid. Though experiencing no pain while in repose, considerable inconvenience is connected with a change of position of the lower extremities, as in walking, owing to the dragging weight of this huge body.

On measuring the tumor while the patient stood, it was found to be twenty-eight inches from the symphisis pubis to the extemporaneous meatus, which is at the lowest end; and on measuring the greatest circumference, it was four feet when standing up—when sitting down five feet, or 60 inches. All that region extending from the pubis to the anus is involved. As an indication of the rapidity of growth of this hypertrophied tissue, J. Harris, M. D., weighed the tumor in December, 1865, and stated that he found it to be 50 pounds.* Three months after, in this city, it was weighed by a responsible physician, and he states that its weight at the present time is 73 pounds; being an increase of 23 pounds in 12 weeks, and very nearly two pounds a week, or over four ounces a day. On either side of the thigh there are cicatrizations, as though suppuration had been there from buboes at some period of the young man's life; and, though he has been informed of the serious nature of the disease, and particularly as to the uncertain results of an operation, his only desire seems to be to get rid of what has destroyed his pleasure and comfort for eight years.

This disease is eminently an oriental one, as may be seen by its name and the writings of those best qualified to judge. Operations for elephantiasis of the scrotum have been performed, and with eminent success, in Egypt, by the celebrated Clot-Bey, about the year 1830.

In one instance he extirpated an enlarged scrotum, which weighed 110 livres, and with success; the patient being 46 years old, and of a good constitution.

There have been several surgeons of note who have made this disease a special study; advanced theories, and given practical demonstrations of vast utility. Among those in particular, are the celebrated Clot-Bey,* Baron Larrey, Delpech, and others of sound experience. A brief table of four of Clot-Bey's successful cases may serve to show the feasibility of Doctor Thebaud's proposed operation, and at the same time give encouragement as to its ultimate results.

Operations for Elephantiasis of the Scrotum, by the distinguished Surgeon, Clot-Bey.

Disease.	Weight.	Business.	Age.	Result.
1st. Elephantiasis of the scrotum.	110 livres.	Religious dervise.	46	Recovered.
2d. Do. do. do. with complication of inguinal hernia on the left side, and two hydroceles of the tunica vaginalis, performed Aug. 18, 1833.	70 livres.	Mason.	26	Recovered.
3d. Ele. of the scrotum, which necessitated a double crastration. Operation 23d Aug. 1833. At Alexandria.	80	——	27	Successful.
4th. Ele. of the scrotum, of a Syrian Turk, named Ali-Aga Guereson—a disease of five years growth. The penis, in this instance, was restored in its primitive envelope.	65	——	40	Successful.

Dr. E. F. Kavanaugh, late of the rebel army, died at the St. Carlos Hotel, city of Mexico, on the 28th Feb. Deceased was a Missourian and a graduate of the St. Louis Medical College. He was buried by his self-expatriated and exiled comrades in the "Strangers' Cemetery," a lovely spot of ground not far from where Cortez once sat to view the beautiful valley of Mexico.

* See account of this case published in the Savannah Medical Journal, January number, 1866.

* See Mémoires de la Société De Chirurgie De Paris, 4me Tome, 1857.

Hospital Reports.

Pennsylvania Hospital,
March 17th, 1866.

Medical Clinic by Dr. Da Costa.

Reported by Dr. Napheys.

Pathological Specimen.

I have here a specimen to show you, taken from a case that interested us greatly during life, which was admitted into the hospital only on the 13th inst., with a history of having suffered from an acute thoracic affection. The man's name was S——, thirty-two years of age, a laborer. After exposure he was taken sick with headache, pain in the limbs, cough, marked pain in right side, fever, and painful breathing. On admission, his pulse was found to be 140, and respiration 44. He was much easier in sitting position than when lying down, and expectorated, he stated, a thick tenacious brownish mucus; but the expectoration, as we saw it, was very offensive, yellowish, and nummular. The cough gave him pain. He was very weak, and was at once placed on stimulating treatment; and subsequently counter irritation by means of iodine, and a mixture of acetate and iodide of potassium were also used. Examining him on the 15th we made this note of his condition, and it may be instructive for you to compare the phenomena thus noted during life, with what we observe as the post-mortem appearances. It was recorded that the man was breathing with great difficulty; that he had a pulse of 128, respiration 42; and that his skin was heated, though there was unquestionably a tendency toward sweating. His urine contained no albumen. When we came to examine the chest we found the most undoubted evidences of a pleurisy on the right side, as follows: posteriorly, over the supra spinous fossa, some dulness, mixed with a tympanitic character of sound, the dulness becoming very marked as we proceeded downward, until at lower portion of right side there was most absolute dulness. The left side posteriorly was resonant. The left side anteriorly showed a high percussion note, and some lack of pulmonary resonance under clavicle, but we could not say anywhere dulness was observed. At the lower portion of right lung posteriorly, we noticed, on auscultation, a very feeble breathing, not in the least tubular, and toward the spine marked friction sounds. On the left side posteriorly, there were many coarse crackling rales, not completely masking the respiration. The left side anteriorly presented harsh breathing, mixed with coarse moist rales, without any friction phenomena. A subsequent note confirms this record, showing marked friction phenomena on right side, with great dulness at lower portion of right lung, and absent breathing; also that the vocal fremitus though felt, and the vocal vibration though heard, were not as distinct as they were on the left side. The left side presented much the same phenomena throughout, namely, a harsh breathing, with coarse kind of rales, not like ordinary mucus rales, but much more sharply defined. It was stated that over the cardiac region these coarse crackling rales were heard.

The post-mortem shows a very marked and admirable illustration of pleurisy, with great thickening of pleura. You see, as I tear off in part the pleuritic membrane, it is very thick. The lung itself under this membrane is partially condensed or hepatized. We cannot be sure that this abnormal appearance is not the result merely of condensation until we see if the lung sinks or floats, and as you now perceive, the portions we are testing all float: the inference is that they were simply condensed by the effusion, and not, at least now, the seat of pneumonic exudation, though it is very possible, from the history of the case, that pneumonia had previously existed. Remember the man lived for two weeks at least after his seizure, and that he had at one time, from his own account and from that of a gentleman who saw him, a rusty sputum, and it is probable that the pneumonic complication has very nearly or entirely passed away. There are also in the left lung evidences, as you see, of a muco-pus in the smaller bronchial tubes. Taking a portion of lung from the upper part of the left side, where we noticed a slight difference in pulmonary resonance, you see it is evidently much heavier and dense than a healthy lung would be; it very nearly sinks; and in other parts the same appearances are found, while there is a great deal of congestion. On cutting both lungs, you notice in both some œdema and a considerable quantity of muco-purulent secretion, which can be squeezed out of the smaller holes. The heart is rather large, the right side on its exterior somewhat fatty, though I doubt whether this condition extends far into the texture of the heart. And there are on the surface of the heart some small, dense, whitish spots, evidently the result of old fibrous thickening of the pericardium.

To you this specimen will be mainly interesting as one of marked pleurisy, or pleuro-pneumonia, if you like to assume that was the condition at first.

There was a great deal of interest about this case to determine whether so general a disease was the result of tubercular complication or not, and we commenced, with this view, as an aid toward our diagnosis, a series of temperature observations. But only two records could be taken, the one showing the heat in the axilla to be 104° F., the other 102°, for the man was in a very prostrate condition when he came in, and only lived a few days in the hospital. The reason why we started these observations at all was that, though the diagnosis of pleurisy with effusion on the right side was quite evident, though there was most undoubted history here of an acute attack, and no history whatever of previous tubercular taint, yet there was the fact of bronchitis with partial condensation of portion of left side, and, as strange to say, we found the signs of condensation most marked under the clavicle. In a child, these signs, if present, would not have excited the least suspicion of tubercular taint. But in the adult, bronchial inflammation running here and there into lobular pneumonia is exceedingly uncommon, and when we find it, we ought always to bear in mind the likelihood of its tubercular origin.

University of Maryland,
December, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Injury of the Hand.

Man, æt. 25, sailor. This man got two of his fingers mashed on board of a vessel—occurred some weeks ago. These injuries, in constitutions not exactly healthy, often give rise to a lingering paronychia, which is a very intractable disease. If you extract the nail there will be a great abatement of the symptoms, but as soon as the nail is reproduced, the disease is reproduced with it. The application of caustic potassa is a certain cure.

This man has a disease of the eye. The lower eye lid is adherent to the eye-ball. That is, the conjunctiva has been destroyed, and there is a cicatrix. Had it ever since he was six years old. The cornea is opaque, and the cicatrix adherent to it. We cannot do anything of any advantage for it. Some would dissect it up, but such a procedure would do no good. If this cicatrix adhered to a portion over the iris, and there was another portion of the cornea transparent, there would be some hope of forming an artificial pupil. This condition often results from the mistakes of surgeons.

Gonorrhœa.

Man, æt. 27. This man had gonorrhœa, and was treated successfully in the usual way. He now has a swelling in the groin. Has had no chancre. The femoral glands are affected, and not the inguinal. It is not likely this originated from gonorrhœa, as there is nothing specific about it. Open it freely, and apply a poultice. Inflammation of the femoral glands is frequently met with. It may result from a corn on the toe, or injury of the foot. They generally disappear with the exciting cause, and seldom result in suppuration. There has been considerable dispute on the question whether gonorrhœa is followed by constitutional symptoms. Some maintain that gonorrhœa and syphilis are one and the same disease, but they are quite as distinct as they can be. There can be no doubt about the disease being followed by constitutional symptoms occasionally. Thus rheumatism is one of the well known sequelæ. We have a patient affected with it in the house at the present time. He is taking tr. guaiaci comp., and improving somewhat.

Syphilitic Ulcer.

Man, æt. 30. Has an ulcer on each leg. Never had chancre—had bubo. The matter was absorbed, without producing a sore on the penis, and carried to the glands of the groin, where it went through the usual course. Generally a sore is produced, but sometimes you have bubo and the constitutional symptoms, when no chancre can be discovered on the most careful examination. The treatment in this case does not differ from others of the same disease which I have shown you. I only brought him before you on account of the absence of chancre.

Necrosis of the Rib.

Man, æt. 25. About two years ago he received a blow which injured the rib. There is now a fistulous opening over the sixth rib on the right side. Opening enlarged, and some small pieces of bone extracted. Not probable that the pleura will be affected. Let an oiled tent be introduced to keep the cut surfaces from adhering.

Fibrous Tumor.

Man, æt. 35. Has a tumor under the right ear. If there were a cluster or enlargement of the glands I should not remove it. He has had it five or six years, and that is pretty conclusive evidence that it is not malignant, for they progress more rapidly, though they differ much in this respect. It is not connected with scrofulous adenitis. We make a nearly straight incision, extending downward from the lobe of the ear about two inches and a half, and dissect the tumor out. In these tumors you find laminæ penetrating them, and if you follow them you shall wound parts which you should not, and to avoid this, keep the knife close to the tumor. Sometimes these tumors are developed in the parotid gland. It is a question between surgeons and anatomists whether this gland can be removed. Surgeons say they have removed it, while anatomists assert that it is impossible, but the surgeons are right, for I have removed it entirely. Sometimes I have only had to ligate one or two vessels, for by the disease the vessels become obliterated. This tumor is what Dr. Warren calls non-malignant carcinoma. If it was found adherent, not well defined, very vascular or deep seated, it would go to prove that it was carcinomatous, and better not be removed.

Venereal Warts.

Man, æt. 25. Sometimes called mucous papules. They often arise from gonorrhœa; form on the prepuce, and the mucous membrane around the anus. If on the glans penis, and prominent, clip them off; if not prominent, as in this case, use solution of bichloride of mercury (grs. xx. to ℥j.), applied by a camel's hair pencil. This acts as an escharotic and specific, and you can cure them in a very short time. Some apply nitric acid, but I prefer the bichloride. If the parts are much irritated, suspend for 24 hours, and then use it weaker.

Injury of the Nose.

Man, æt. 22. This man received a blow on the nose four days ago. The septum is greatly distended; cannot breathe through his nose. The septum appears to be the only part injured, as blood and pus have collected between the membranes. Punctured, and the matter discharged. Now he can breathe without difficulty.

Felon.

Man, æt. 37. Why does this disease produce this result? Is there anything malignant in its character that it should destroy bones, tendons, etc.? Not at all; all is dependent upon anatomical character. The matter cannot penetrate the fibrous membrane, and collects around the bone. Generally, nothing necessary but to lay them freely open, a mere prick will not do them any good. We wish to give issue to the matter and relieve tension.

Medical Societies.

NEWARK MEDICAL ASSOCIATION, N. J.

(PROCEEDINGS OF MARCH MEETING.)

Prevalence of Diarrhœa.

Dr. Cross called the attention of the Association to the question, whether in the experience of the members there appeared to be a greater prevalence of diarrhœa during the present season, than usual, and if so, whether it might not be due to choleraic predisposition? Observations in his own practice led him to think that such was the case. Cases of diarrhœa had occurred with much greater frequency than ordinarily during the season. In one family three children were attacked, and in another family, living in the same house, under charge of another practitioner, several more cases occurred, of which one died.

Dr. Lehlbach inquired if in these latter cases any local causes could be traced.

Dr. Cross replied that the water used by these families appeared to be of good quality. Paint kegs were used as buckets for dipping water from the well, and it had the taste of water kept for a time in newly painted pails. The diarrhœa could hardly be ascribed to this. He noticed an unusual number of outhouses in the yard of the dwelling, and surroundings, and a number of privies were close by.

Dr. Mills stated that in certain localities in that part of the city, known as the "hill," he had found diarrhœa to prevail the year round, and it must, undoubtedly, be attributed to the use of shallow wells, or wells so situated on the declivity of a hill that they contain surface water, contaminated by, and impregnated with, the effluvia of privies, sinks and cess-pools. There is a well close to his house, with water so tainted by the vicinity of privies and yards, that it is unfit for use, though largely used by people in the neighborhood. He knew of a tenement house in Nesbitt street, occupied by twelve families, where the majority of the inmates were habitually subject to diarrhœa. They were generally clean, and the sanitary condition of the house good, so that no cause could be assigned for the prevalence of the disease, except contaminated water.

Dr. I. A. Nichols had, during the last two months, noticed in his practice a much larger number of diarrhœa cases than usual at this season. None, however, were severe, until a case which occurred a few days ago, in an old lady, when purging and vomiting set in rather suddenly, accompanied by great prostration, and toward the last the discharges became quite serous, and presenting nearly the character of the rice-water stools of cholera. There was, however, no indication of collapse. In several cases the exciting cause appeared to have been the eating of fish; but in by far the larger number, which he had treated during the last three weeks, neither a predisposing nor exciting cause could be traced. A noticeable fact, too, was that the cases observed by him generally occurred first between the hours of four and six o'clock in the morning.

Two Cases of Miscarriage at Six Months' Pregnancy; Respiration and Extra-Uterine Life of Fœtus.

Dr. Dodd related a case which had occurred in his practice. He was called in haste to visit Mrs. W. early in the morning of August 16th, 1861. The distance was short, and it could not have been more than half an hour before he saw the patient. Upon entering the room, her mother stated that she believed something had passed away. On making an immediate examination he found that birth had taken place, together with the placenta, and the membranes unruptured. Calling for a vessel, a chamber-pot about half full of urine was furnished, and the whole mass was passed from the bed to the vessel, which became full to the brim. The bed was then made clean, bandage applied, and the patient rendered comfortable, which consumed at least 20 or 30 minutes. He then examined the fœtus, which was done by removing the mass from the vessel, and rupturing the membranes. To his surprise, a child about six months advanced in fœtal life appeared, with signs of life, capable of taking inspirations at lengthened intervals, and *crying*. It lived until 6 o'clock in the evening—nearly 12 hours. The child weighed about three pounds.

An interesting point in this case is, how the child could preserve vitality for the period of at least a half hour, independent of any connection with the mother, and entirely shut off from air. In answer to a question of Dr. Woodhull he would state that the placenta was connected with the sac, and that when he ruptured the membranes, slight pulsation could be felt in the cord, which was then tied.

Dr. Woodhull related a case which occurred to him in hospital practice. A woman, in her sixth month of pregnancy, went to ease herself on a chamber-pot, which was accomplished in a manner, however, entirely surprising to herself, as she gave birth to a fœtus. When he saw the patient the fœtus had remained in the vessel some 15 or 20 minutes, not enclosed in the mem-

branes, which had been ruptured. It was laid alongside of the vessel, and in attending to the mother, he accidentally gave it a kick, when, to his own astonishment, and the mother's, it commenced to cry. Respiration, at lengthened intervals, as in Dr. Dodd's case, took place, and the child lived 23 hours. It weighed 1 pound and 10 ounces. It had been under water entirely without the membranes during the 15 or 20 minutes, and at the time when it was taken out of the basin not a particle of pulsation could be detected in the cord, nor was there the natural resiliency of the cord on feeling it with the finger.

These cases reminded him of a little fœtus in his possession, small enough to be contained in an ordinary quinine bottle, but in which the development was extraordinary. The nails are perfect, the eyes opened, the bones of the head well formed, and points of ossification complete. Ossification had proceeded about as far as in an ordinary seven months' fœtus.

Diabetes Mellitus; New Method of determining the Quantity of Sugar in the Urine.

At the February meeting Dr. Woodhull related a case of diabetes now under treatment. There has been a very marked diminution of the quantity of sugar present, and the treatment had consisted merely in the total abstinence from all saccharine or amylaceous substances, and the administration of quinine and iron.

In connection with this case Dr. Woodhull spoke of the trouble we are usually subjected to in order to obtain a correct quantitative analysis, showing exactly the quantity of sugar in a given amount of urine. The plan by evaporation is very tedious, and is really defective. The tables of Prout have been shown to be very far from absolutely correct. The volumetrical method of Fehling is probably the most reliable, but it requires so great care in measuring and weighing out exactly so many grains of urine, and so many drops or equivalents of the copper solution, that most practitioners are unwilling to go through the whole detail, desirable as the result might be. The simplest plan is that of Dr. Roberts, of Manchester, England. With all its simplicity it is as reliable as Fehling's, the two having been rigidly compared. All that it is necessary to have on hand is a urinometer, a 12 oz. bottle, a 4 oz. bottle, and a small lump of common German yeast. Let exactly 4 ounces of recently voided urine be placed in each of the bottles; let the smaller be tightly, the larger with the yeast added, loosely corked, and let them both be placed together in a moderately warm place. After 24 hours take the specific gravity of the contents of each bottle, and *the difference in density will show the number of grains of sugar in a fluid ounce, each degree representing a grain.*

For example—if the specific gravity of the contents of the smaller bottle be, - - 1045
and of the larger, in which fermentation has taken place, be, - - - 1006

the difference, 39 will show that there are 39 grains of sugar in every fluid ounce of the diabetic urine of your patient. The use of the second smaller bottle of urine is to secure an identical degree of temperature in the two specimens, which it is difficult to obtain when the specific gravity is taken before and after fermentation. The simplicity of this method is commendable, and its correctness equals its simplicity.

Editorial Department.

Periscope.

Three Cases of Diphtheria, in all of which Tracheotomy was Performed, and in One Case Cæsarian Section,

are reported in the Middlesex Hospital Reports in the *Brit. Med. Journal*, Feb. 17. We give a synopsis:

Case I. Married woman, æt. 26, eighth month of pregnancy, admitted Dec. 14, 1865. One of her children had died from a throat affection the same morning. Patient had been taken ill, ten days previously, with sore throat and a hard dry cough, which was neglected until Dec. 8th, when difficulty of breathing and swallowing set in, and on the following day lost her voice.

On admission, face turgid, slightly livid; aphonia complete, respiration 22, labored, crowing inspiration. Very slight expansion of chest with inspiration. Fauces showed no trace of exudation, but were everywhere red and granular.

Liquids, brandy, and strong beef-tea by injection. During the day she became drowsy, and the dyspnœa and lividity of the countenance increased, so that *tracheotomy* (Mr. Hulke) was performed and a double canula inserted. Copious hæmorrhage, and the discharge by coughing of a large quantity of bloody mucus and portions of false membranes followed. Breathing became more tranquil and air entered the lungs freely. Four hours later, respiration became again oppressed, but quickly relieved by removing from the inner tube a plug of false membrane. Four hours later, another paroxysm of apnœa caused by a portion of membrane in the trachea, which was expelled by a forced expiratory effort. She sank afterward, and died about five hours later.

The abdomen was opened immediately after death, and the child removed; showed signs of life at first, but could not be resuscitated.

Case II. Male child, 2 years old, admitted forenoon Jan. 1, with great oppression of breathing, having to sit up in bed and struggle for breath. Expression extremely anxious, alæ nasi expanded. Respiration variable and stridulous. Resonance over chest, but no air was heard entering the right lung, while it freely permeated the left. Pulse imperceptible. Soft palate, uvula, fauces were found covered with a thick, greyish exudation, and the glands under the jaw were somewhat swollen. He had been seized with feverish symptoms about ten days previously, followed by dyspnœa till he was brought to the hospital.

Tracheotomy (Mr. Worthington) soon after admission; double canula, through which some bloody mucus, but no membrane was expelled. Respiration immediately became tranquil, and air passed freely to every part of the right lung anteriorly. A trace of pulse could be felt at the wrist five minutes after the operation, but did not increase in strength afterward. Beef-tea and wine injections. At midnight, pulse again imperceptible. During the night, the dyspnœa, which recurred at intervals, was each time relieved by clearing out the tube; and the breathing continued pretty tranquil till 10 A. M., when he became rapidly worse, and died at 11 A. M.

Case III. Female child, 4½ years old, admitted about 9 A. M., Jan. 4th, with hoarseness amounting almost to aphonia, croupy cough, and great dyspnœa. Respiration 50, short, very superficial—little air entering the lungs, especially the right. Face livid, skin perspiring very freely. Pulse 156, small. Glandular swelling on each side, below jaw. Only a little viscid mucus observed adhering to the fauces. Had suffered from cough and hoarseness for ten days, no other history. At noon dyspnœa so great that *tracheotomy* was performed, (Dr. Worthington,) and double canula inserted. Patient much relieved, at 2 P. M. was lying tranquilly on her back, respiration 50 and thoracic; vesicular breathing all over chest; pulse 136, full, soft, and compressible. Beef-tea and brandy by mouth and injection, and ice to suck. Slept at intervals during the night, and took drinks freely.

Breathing remained moderately calm until 4 P. M., next day, when dyspnœa returned, and little air entered the lungs, except the left upper lobe. Percussion note deficient in resonance on both sides, especially the right. Died at 7 P. M.

Autopsies. 1st Case. A diphtheritic membrane coated the posterior part of pharynx and larynx, where there was also considerable œdema, nearly closing the rima glottidis. Trachea and bronchi congested, but free from false membranes.

2d Case. Ragged patches of false membrane scattered over tonsils, palate, uvula; mucous membrane under these ulcerated. Epiglottis thickened and surface studded with small patches of membrane. Larynx, as far as the true vocal cords, was partially covered by a similar false membrane, and its ventricles were ulcerated. Whole surface of trachea reddened and granular, and in its lower part covered by a viscid yellowish layer of membrane, extending into the bronchial tubes on both sides. Right lung of much smaller bulk than left, and congested; patches of nodular pneumonia frequently alternating with depressions, caused by collapsed portions, studded the surface and sections of the upper and lower lobes. Some nodular pneumonia, but no collapse of the left lung.

3d Case. Tonsils enlarged, and exuding pus on incising the follicles. Soft palate normal. Adhering to under surface of epiglottis a tough, greyish-yellow, false membrane, continuous with a layer extending along the larynx, where it filled up the space between the vocal cords, trachea, and bronchi, as far as the third or fourth division. Mucous membrane beneath the false membrane red and granular. Lungs somewhat œdematous, and pus exuded from smaller bronchial tubes. Right cavities of heart distended with loose black clots—left nearly empty. Salivary glands and Peyer's patches enlarged, some of the mesenteric glands infiltrated with cheesy matter, kidneys normal, urine loaded with albumen.

Successful removal of the Uterus and both Ovaries by Abdominal Section.

We have already given, in a recent number, a short account of an operation by Dr. Horatio R. Storer, of Boston, involving the removal of the uterus and both ovaries, and followed by success. The case has given Dr. Storer opportunity for a short monograph on the subject, which is reprinted from the *American Journal of Med. Sciences*, and contains a pretty thorough examination of the literature of the subject. The following is a list of the hitherto recorded cases, with names of the operators:

	Operations.	Deaths.
Clay,	3	2
Heath,	1	1
Burnham,	9	7
Kimball,	3	2
Parkman,	1	1
Peaslee,	1	1
Koeberle,	1	0
Baker Brown,	1	1
Wells,	1	1
Sands,	1	1
Buckingham,	1	1
Storer,	1	0
	24	18

Dr. Storer states his creed, as to abdominal sections, in the following general formulæ:

1. Almost all ovarian tumors, a far greater majority than has been generally supposed, may be safely removed by abdominal section.

2. A certain proportion, as yet not ascertained, of uterine tumors, fibroid or fibro-cystic, may be safely removed in a similar manner.

3. A large proportion of the fatal instances of either operation referred to, may be traced to neglect of simple precautions, prophylactic, immediate or subsequent.

4. Others still, to the fact that the patient was allowed to linger without assistance, till she was already practically moribund, before the commencement of the operation; and

5. Still others, that the surgeon's heart failed him after the abdomen had been opened, and the operation was not completed.

Pathology of Cholera, Collapse; Spasm of Pulmonary Artery.

Dr. George Johnson, of London, considers (*Brit. Med. Journal*) choleraic collapse to be the result of an arrest of blood in the minute branches of the *pulmonary artery*, owing not to the impossibility of the blood to pass on account of thickening—for collapse often takes place before there has been much loss of serum, and in other cases collapse passes away while the blood-thickening is still going on—but due to *spasm of the pulmonary artery*, and its minute branches (not the pulmonary capillaries.) His reasons may be condensed as follows:

The arteries receive little blood from the left side of the heart, as evident from feebleness or absence of pulse, shrinking of the tissues, sinking of the eyeballs. This small supply of blood in the systemic arteries is not the result of mere want of power in the heart, for these pulseless patients retain a considerable amount of muscular power, as they can stand up and walk about without fainting. Then alcoholic stimulation, which excites the heart and improves the pulse of an excited patient, aggravate the symptoms of collapse. The inference is, that in collapse there must be an impediment in some part of the lungs. That this impediment is not in the capillaries is shown by the absence of any signs of accumulation of carbonic acid in the blood, which is always associated with capillary engorgement of the lungs, and its soporific effects upon the brain. During collapse, although there is evidence that the amount of carbonic acid exhaled is greatly reduced in amount, there is no physiological or chemical evidence of any excess of this gas in the blood. It is evident, therefore, that there is diminished *formation* of carbonic acid during choleraic collapse. In the same manner the formation of bile and urine is lessened. Since bile, urine, and carbonic acid are correllative and complementary products of oxidation of blood and tissues, it is manifest that during collapse there is defective oxidation.

What is the cause of this diminished oxidation in collapse? There is evidence of a partial arrest of blood in the lungs, and a consequent small supply to the left side of the heart and the arteries. The arrest does not occur in the capillaries of the lungs; if so, the systemic arteries would be *distended* with black blood, and the patient would be narcotized by accumulated carbonic acid. The arrest then must be in the arteries before the blood reaches the capillaries; such an arrest completely explains all the phenomena. For, as the stream of blood through the pulmonary capillaries is the channel by which oxygen is introduced, and since other conditions remaining the same, the absorption of oxygen by the lungs will bear a direct relation to the volume and rapidity of the blood-stream, it is manifest that, with a reduction of the current of blood through the lungs, there must be a corresponding diminution of the amount of oxygen, and, consequent upon this defective oxygenation, reduction of temperature and diminished formation of carbonic acid, bile, and urine.

Ozone.

At a recent meeting of the British Association for the Advancement of Science, Dr. B. W. Richardson (*British Med. Journal*) gave the following synopsis of our present knowledge of ozone:

1. Ozone in a natural state is always present in the air in minute proportions; viz, one part in ten thousand. 2. It is destroyed in large towns, and with special rapidity in crowded, close, and filthy localities. 3 Ozone gives to oxygen properties which enables it to support life. In this respect it acts like heat; its effects are destroyed by great heat. 4. Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh. 5. When animals are subjected to ozone in large quanties, the symptoms produced, at a temperature of 75°, are those of inflammation of the throat and mucous membranes generally, and at last congestive bronchitis, which in carnivorous animals is often rapidly fatal. 6. When animals are subjected for a long period to ozone in small proportions, the agent acts differently, according to the animal. The carnivora die, after some hours, from disorganization of the blood separation; but the herbivora will live for weeks, and will suffer from no acute disease. 7. The question whether the presence of ozone in the air can produce actual disease must be answered cautiously. Science has yet no actual *demonstrative* evidence on the point. But the facts approach to demonstration that catarrh is induced by this agent. All else is as yet speculative. 8. During periods of intense heat of weather, the ozone loses its active power. 9. On dead organic matter, undergoing putrefaction, ozone acts rapidly; it entirely deodorises by breaking up the ammoniacal products of decomposition. At the same time, it hastens the organic destruction. 10. There is an opposite condition of air in which the oxygen is rendered negative in its action, as compared with the air when it is charged with ozone. Air can thus be rendered negative by merely subjecting it, over and over again, to animals for respiration. The putrefaction of such air from carbonic acid and other tangible impurities, does not render it capable of supporting healthy life; but ozone restores the power. In a negative condition of air, the purification of the organic matter is greatly modified, and the offensive products are increased. Wounds become unhealthy, and heal slowly in such negative air. 11. There is no demonstrative evidence, as yet, that any diseases are actually caused by this negative condition of air; but the inference is fair—that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also probable that during this state decomposing organic poisonous matters become more injurious. 12. As ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied, in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other mechanical measures of a sanitary kind can be fully effective, unless the air introduced be made active by ozone. Fever hospitals, and other large buildings in towns, should be artificially fed with ozonized air.

Treatment of Cholera.

Dr. S. P. Hubbard, of Taunton, Mass., in the *Boston Med. and Surg. Journ.*, gives the following formula, which in his experience has yielded the best results in cholera:

R.	Capsici baccati tr.,	℥iv.
	Gum camphoræ,	℥ij.
	Lobel infl. semin.,	℥j.
	Xanthoxyli fraxinei,	℥viij.
	Ol. menthæ pip.,	f.℥j.
	Ol. gaulther., procumb.,	f.℥j.
	Ol. cassiæ,	f.℥ss.
	Spi. vini rect.	cong., j. M.

Digest ten days, shaking frequently. Dose from teaspoonful to one tablespoonful in sweetened water, warm if convenient; repeat often if it is not retained, and give by enema as well as by the stomach, in warm water.

Regarding the treatment of cholera by chloroform, the last number of *Braithwaite's Retrospect* contains a summary of the opinions of eminent men, and it is thought that it will become the *most important remedy* in this disease. The opinions of Drs. Hill, Brady, Plimmer, Steadman, with some illustrative cases, are given.

In our opinion, however, chloroform as hitherto used, has been given in doses *too small* to show its best effects, and from considerable experience in the internal administration of the remedy, we can state that from 15 to 20 and 30 drops, and even more, can be given at a dose without producing injurious effects. The impression of the remedy upon the ganglionic centres in cholera must be rapid and energetic to be beneficial, and to this end larger doses should be given than customary.

Ovariotomy.

A case of ovariotomy is reported by Dr. E. B. Wolcott, of Milwaukee, Wis., in the *Chicago Medical Examiner*. Patient unmarried, 27 years of age, tumor first discovered in the fall of 1863, when menses ceased. In May, 1864, abdominal dropsy became so severe that tapping was resorted to. From that time until September, 1865, the operation had been repeated nineteen times. She was then rapidly failing. September 23d, after another tapping, ovariotomy was performed. Contents of the tumor of thick consistence; adhesions easily broken up by the fingers. The attachment was to the right ovary by a pedicle about two inches wide, three-fourths of an inch in thickness. This was ligated by passing a double cord through the centre and tying both ways, with great firmness. The tumor weighed fifteen pounds, was multilocular, the cysts being filled with a thick ropy substance.

The after treatment consisted of mild nourishing diet, occasional use of stimulants, a pill every six hours, consisting of leaves of digitalis, quinine, one grain each, extract of hyosciamus two grains, calomel and ipecac, one-fourth of a grain each, continued for a week, and then only twice a day, occasional doses of quinine and morphine. Ligatures came away on the thirtieth day, and the patient is now attending to her household duties.

Double Uterus.

The *British Med. Journal* credits to the *Wiener Medic. Wochenschr.*, the following case related by Dr. Spaeth before the Med. Soc. of Vienna. A girl, æt. 18, primipara, was admitted into hospital. On examination, there was found to be a double os uteri, and the existence of a bilocular uterus was therefore suspected. After the first labor-pains had set in, the patient was seized with convulsions, which recurred and ended fatally, in spite of the hypodermic injection of acetate of morphia. During life, it was found that both orifices were dilated, and gave the sensation of an os uteri divided by a band; this was divided by scissors, and the child was discovered presenting transversely. After death, the uterus was found to consist of two cavities, of which the right was somewhat larger than the left. In the septum was an opening, which Dr. Rokitansky and Spaeth believed to have been formed during pregnancy. A corpus luteum was found in the left ovary.

Reviews and Book Notices.

Diarrhœa and Cholera: Their Origin, Proximate Cause and Cure, through the Agency of the Nervous System, by means of Ice. By John Chapman, M. D., M. R. C. P., M. R. C. S. J. B. Lippincott & Co., 1866. Pamphlet, 12mo., pp. 57.

We have not been, by the reading of this pamphlet, converted to Chapmanism, neuropathy, "vaso-motor therapeutics," or, as we would prefer to call it, *ganglio-therapy*. We consider Dr. Chapman's physiology to be bad, his pathology worse, and his therapeutics empirical, awaiting trial, like everything else in our experimental art of medicine. If ice-bags *should be* proved to be useful in cholera, there are twenty other ways of explaining their action, besides the hypothesis borrowed by Dr. Chapman of Bernard and Brown-Séquard. Nor is the practice altogether new. Ice was applied to the spine in tetanus by the late Dr. R. Bentley Todd; and ice frictions have been used in the treatment of cholera since 1832. The writer of this notice used them in one case in 1849.

Our readers are probably all acquainted with the theory of neuropathy, which threatens to be the "pathy" of the day. As Dr. Chapman states it, its essentials are, in brief, as follows:

1. Supply of blood, and innervation, determine all functional and nutritive activity of organs.

2. Innervation of the organs, generally, is determined by the supply of blood to their nerve-centres.

3. Heat is the great excitant, and cold the great constringent of the blood-vessels. Heat applied to the ganglia makes them hyperæmic

and functionally active; cold reduces their circulation, and paralyzes their action.

4. The duty of the ganglia is to maintain, by their innervation, the *contraction* of the arteries, by which the flow of blood into the organs is kept at a *minimum*. *Paralysis* of the sympathetic gangliæ induces *dilatation* of the blood-vessels.

5. Therefore, when any organ of the body is in a hyperæmic condition, the remedy is, to apply *heat* to its sympathetic ganglia. When the blood-vessels contract too much, and make an organ anæmic, apply *ice* to the ganglia, to paralyze them, and make the blood-vessels dilate.

A very simple theory, which we should be glad to believe capable of resolving all the problems of practice; but we *cannot* believe any such thing. As to the physiology of it, the present writer denies (no matter against what current authorities,) that the normal action of vaso-motor innervation is simply to diminish the calibre of the vessels, and lessen the amount of blood flowing through them. We deny also, with Virchow in *this* case to sustain us (Cellular Pathology, p. 156), that when vessels are dilated paralytically, as from cutting the nerves of the sympathetic, the hyperæmia following increases the nutrition or functional action of the part. In this position we may possibly stand almost alone, for the present; but we bide our time. There is no space in this notice, to state our argument.

But all pathologists must agree that there is obvious error in asserting, as *universal*, such a therapeutical principle. The occasional utility of heat, cold, or their alternation, applied to the back, in various disorders, would be nothing strange, and might be, as has been observed, variously explained. Let it be carefully tried;—*prove first, and explain afterwards.*

But, to the main point. Will ice-bags to the back cure cholera? Dr. Chapman, besides his theory, gives *one* case in which it was tried, but does not say whether death or recovery ended it. "The vomiting and purging were controlled," but she was left dreadfully feeble, "a dead weight," and the case was "one of peculiar difficulty." Not much, in this, of clinical support for the practice. As to the theory here, it has more plausibility than in reference to most diseases. That cholera is essentially characterized by spasmodic constriction of all involuntary muscular tissues (under a blood and nerve poison), has been held by many pathologists (Binaghi, of Warsaw, first, about 1831); and we believe fully that this is its correct pathology.

To reduce the tension of the tetanized ganglia is, therefore, the great desideratum. If ice bags will do this, let them be used; but, as the application of cold to the back is a powerful agent for good or evil, care must be taken in the experimentation. In desperate cases, where death follows common measures, new ones may rightfully be tried. Two facts encourage somewhat this experiment. First, that ice *internally* is more beneficial than any known medicine. Secondly, that, during collapse, external heat is distressing to the patient.

To notice further Dr. Chapman's lucubrations, we must add, that he objects to giving ice internally to a cholera patient; this must be "strictly avoided." He argues also positively against "opium and all drugs which act as nervine stimulants," in the same disease. He protests, too, on theoretical grounds, against the giving of opium in tetanus; averring that it hastens the death of the patient.

With this we close his book. He has not satisfied us of the validity of the claim of his system to revolutionize medicine. Should we have occasion to treat a case of tetanus, we shall prescribe opium as well as alcohol, in moderation, for it. If cholera comes, we shall advise urgently the giving of ice to all of its victims, as often as they want it; and shall place more confidence in opium, camphor, and other "nervines" than in any other drugs.

Shall we use the ice-bags? *Nous verrons.*

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous Cases and Engravings. By William Roberts, M. D., Fellow of the Royal College of Physicians, London; Physician to the Manchester Royal Infirmary, etc. H. C. Lea, 1866. Pp. 516, 8vo. *Price* $4.50.

Every physician should have on a convenient shelf, at least one well chosen treatise or monograph upon each distinct nosological subject. Is not that proposition true as well as trite? The *best* monographs, after all, would not make a very large library.

What Walshe is for the Lungs, Stokes for the Heart, Brinton for the Stomach, and Winslow for the Brain, Roberts may now be considered to be for the Urinary Organs. This is of course quite enough for us to say in favor of his book. A treatise which, besides a thorough digest of the present state of urological chemistry and micrology, gives an account also of all that is known about diabetes, gravel, and calculus, Bright's disease, and other renal affections, with their best treatment, is certainly worth possessing for reference as well as reading. It has been brought out here, also, in Mr. Lea's best style, well printed and well illustrated.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 14, 1866.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VI.

Intermittent Fever.

Although the various forms of intermittent fever played a conspicuous part among the diseases of the army, they were not the source of any very great mortality. But malarial influence complicated many more serious and more fatal affections, so that the rate of occurrence of intermittents assumes a high significance in the appreciation of the comparative mortality of the several regions.

The total number of all forms of intermittent fever was 72,810 during the first year, 189,997 during the second, making a total, during the two years, of 262,807 cases reported. The mortality was very small, with the exception of the so-called congestive form—the pernicious fever of Wood. The whole number of deaths, including this more fatal variety, was 430 during the first year, and 1358 during the second, or 1788 during the two years. Excluding the congestive cases, the mortality of the other varieties was but 407 deaths for the two years, or one death to every 631 cases; and including them, as it is proper they should be, there was one death to every 147 cases, during the two years. Regarding the various forms, there occurred during the two years, of quotidian intermittent, 137,038 cases and 176 deaths; of tertian intermittent, 106,803 cases and 149 deaths; of quartan intermittent, 12,885 cases and 82 deaths; of congestive intermittent, 6081 cases and 1381 deaths.

Intermittent fever was more frequent during the second year than the first. In both, however, the total number of cases during the year amounted to considerably more than one-fourth of the strength. The mortality for the first year was a little over one per 1000 of strength, for the second, a little over two per 1000.

In the Central, it was more frequent and fatal than in the Atlantic, and in this than in the Pacific region. The annual average for the two years gives a ratio of deaths per 1000 cases—in the Atlantic region, of 5.64; in the Central region, of 7.49; and Pacific region, 0.49; and the number of cases to each death—of 177.30 in the Atlantic, 133.51 in the Central, and 2040.82 in the Pacific region.

From the tables given by Dr. Woodward it appears that while intermittents occur at all seasons of the year, they are most frequent in the latter portion of the summer, and during the autumn months. In the Atlantic region, the maximum was attained in September during the first year, in October during the second; in the Central region, in August and October during the first year, and October during the second; in the Pacific region, in August during the first year, and September during the second.

Besides developing intermittent fever and complicating other diseases, such as camp-fever and diarrhœa, the malarial influence manifests itself with considerable frequency among troops exposed to its action, by the development of a peculiar form of anæmia, which may be designated as chronic malarial poisoning. This condition, attended usually with enlargement of the spleen, and frequently with an increase in the number of the white corpuscles of the blood, manifests itself externally by languor, feebleness, and pallor attended commonly with neuralgic pains, and as it actually occurred among our troops, often complicated by slight scorbutic symptoms. Attacks of fever, pneumonia, or other acute diseases occurring among patients in this condition are peculiarly apt to prove fatal. Mild epidemics of *jaundice* have been of frequent occurrence among the troops in malarial regions, and are related undoubtedly to the malarial poison. The number of cases reported during the first year was 10,929, during the second year, 31,640—total, 42,569 cases, with 161 deaths.

Diarrhœa and Dysentery.

These disorders were reported under four heads—acute diarrhœa, chronic diarrhœa, acute and chronic dysentery. The words diarrhœa and dysentery were somewhat loosely used during the war. The disease most generally called chronic diarrhœa was, in fact, usually an affection of the large intestine, which was thickened, softened, and often ulcerated. The term dysentery would have been more exact, and was bestowed by many surgeons on the same affection which others called diarrhœa. Hence it has been thought advisable, in considering the figures, to group together all cases reported under these heads. The extreme frequency of these diseases makes it most important to understand these disorders. They constitute more than one-fourth of all the cases of disease reported during the period under consideration. The annual number of cases for the whole army was greater than three fourths of the mean strength, and next after camp-fever, they were the chief cause of mortality from dis-

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

ease. The total number of cases reported during the first year was 215,214, with 1194 deaths; during the second year, 510,461 cases and 10,366 deaths—the total, 725,675 cases and 11,560 deaths. Taking the total, the ratio of cases was 765 per 1000 of mean strength during the first year, and 852 per 1000 for the second; so that considerably more than three-fourths of the whole strength was attacked each year. The mortality was 4 per 1000 of strength during the first year, and 16 during the second; the disease being just four times more fatal during the second year than the first. This increased mortality occurred chiefly in the chronic forms. Of chronic diarrhœa and dysentery there were 18,426 cases and 620 deaths during the first year, 71,830 cases and 8574 deaths during the second; the mortality increasing, therefore, from one death in every 30 cases for the first year, to one in every 8 for the second.

Like camp-fever and intermittents, diarrhœa and dysentery were most frequent in the Central region; less so in the Atlantic, and least in the Pacific region. In the Central region, the cases were more numerous than the strength during the first year, and nearly equal to the strength during the second; in the Atlantic, they were more than half the strength during the first year, and more than three-quarters during the second; in the Pacific region, during each year, somewhat over one-quarter the strength. The difference between the ratio of mortality to strength in the three regions was still more striking: in the Central region, the mortality was 9 per 1000 of mean strength during the first year, 23 per 1000 during the second; in the Atlantic, 1 per 1000 during the first year, and 9 per 1000 during the second; in the Pacific region, less than 1 per 1000 during each year.

Regarding *season*, diarrhœa and dysentery were by far the most frequent in the summer and autumnal months. In the Atlantic region, the greatest monthly ratio was during July, 1861, after which it diminished through the fall and winter, but again increased from March to June, 1862; July, 1862, was the maximum month for the second year. The cases greatly diminished in August, after the Army of the Potomac had withdrawn from the Peninsula to near Washington; but increased in September, and attained a second maximum in October, which is the month in which intermittents were most frequent in this region; it then diminished steadily till April, 1863, increasing again in May and June. In the Central region, the maximum month is August, 1861, after which there is a gradual diminution till December, an increase in January, 1862, a falling off in February, and a great increase in March and April. The monthly ratio became gradually less during May, June, July, and August, but increased considerably in September, after which it gradually diminished until January, 1863, when it increased again, and made subsequently but slight fluctuations.

The next article will contain a resumé of the interesting considerations of pathology and treatment of these disorders.

Notes and Comments.

Local Anæsthesia.

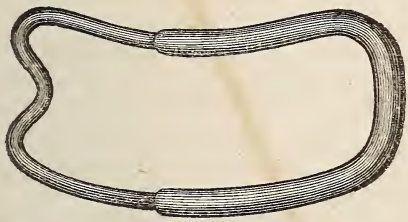
Our last British exchanges are still discussing the new mode of producing local anæsthesia by ether spray. Dr. B. W. Richardson, the author of the procedure, under date of February 28th, publishes in the *British Medical Journal* a letter giving the account of an operation of removal of a carcinomatous breast of a woman far advanced in life. In this case, owing, as Dr. R. avers, to the occurrence of an unforeseen mechanical difficulty in the spray producer, the deeper incisions and dissections gave rise to much pain; the superficial incisions were conducted, however, without pain. Dr. R. believes positively, that a sufficiently powerful apparatus may be contrived to render the method applicable in the larger operations. Thus far it seems to have been resorted to with success, in at least a hundred and fifty minor operations. Dr. Cruise, of Dublin, in a case of operation for fistulous canals of the breast, laid the sinuses open without pain, by freezing the parts previously with the ether spray. The local anæsthesia produced by Dr. R.'s method appears to be due mainly to the intense cold produced, to which is added the anodyne effect of the article itself. It will be remembered that some ten or twelve years ago, local anæsthesia was recommended by means of freezing mixtures, and a number of successful cases were reported. In 1859 also, Dr. T. A. Demmé, of this city, gave a method of producing local anæsthesia by carbonic acid gas.—(Med. and Surg. Reporter, Feb. 26th, 1859.)

Elephantiasis Arabum.

On another page is a history, with drawing, of a remarkable case of Elephantiasis Arabum. We have received a photograph of the same case from Mr. John Mountford, 272 Clark street, Chicago, Ill., from whom, and from Mr. David Choate, of 330 Third Avenue, N. Y., photographs can be procured.

Scattergood's Pessary.

We give below a cut of what appears to us to be a very excellent form of pessary. It is made of hard rubber, and weighs but half an ounce. It requires no external appliances. The larger parts are tubes made to receive the smaller parts, and allow them to slide smoothly therein. In the tubes are delicately formed gold springs, the operation of which is to open or extend the pessary to its full length. These springs make it elastic, and give it the power to adapt itself to the varied conditions of the vagina, is case of retroversion or prolapsus of the uterus.



The lower end of the pessary is made to span the urethra, and rest on the pubis; by this peculiar arrangement all pressure is avoided, and the passage for the urine remains free. These pessaries vary in size from one and a half inches wide by two and three-quarter inches long, to two and a quarter inches wide by four and three-quarter inches long. Each pessary, by its yielding springs, varies in length about three-quarters of an inch.

It was invented, and is manufactured by Mr. H. V. Scattergood, of Albany, N. Y.

College of Physicians and Surgeons, New York.

Graduates of the College of Physicians and Surgeons of New York, and others, will be glad to possess photographs of the Faculty of that institution for their albums. We have received a set, comprising excellent likenesses of Professors Detmold, Smith, Watts, Parker, Gilman, Clark, Dalton, St. John, Markoe, and Thomas. They can be procured of Thomas Denham, Janitor of the College, 23d street and Fourth Avenue, New York.

Books &c., Received.—The Application of Sutures to Bone in Recent Gun-shot Fractures, with cases; also Remarks on their similar use in some other Fractures and Operations. By Benjamin Howard, M.D., etc., Late Ass't Surgeon U. S. A. Communicated to the Royal Medical and Chirurgical Society of London, by John Birkitt, Esq., F. R. S. C., Hon. Sec. From Vol. xlviii. of the Medical Chirurg. Transactions.

☞ We have just received the Transactions of the American Medical Association for 1865—Vol. xvi., a portly volume, well got up, beautifully printed, and profusely illustrated, of 870 pages.

Correspondence.

DOMESTIC.

Portability of Cholera.

Editor Medical and Surgical Reporter:

I am obliged to Dr. Hartshorne for the facts he has communicated in regard to cholera, if they are facts, which at present I am not prepared to deny. But I beg leave to say that he does not quote me fairly. What I said was, "I am ready to be convinced and renounce my views *instanter*, if any one will only present *sufficient evidence* to outweigh that which I believe can be arrayed against him." Dr. H. has not done this, nor hardly begun to do it. The two cases where cholera broke out on board vessels far out at sea, having sailed from ports where cholera did not exist at the time of sailing, prove nothing; it would, to be conclusive, have to be proven beyond all doubt that no passenger brought on board clothes or goods from any place where cholera existed, and that none such were unpacked and exposed on board the vessel. It would have to be proved that *cholerine* had not existed on board from the time the vessel sailed. Besides, the *longest* period of incubation is not yet satisfactorily ascertained. Our Consul at Alexandria has recently communicated an instance to our Secretary of State, where it was nearly *two weeks*. The recent outbreak of cholera at Guadaloupe, W. I., from unpacking and exposure of cholera-infected clothing, a fact I believe undisputed, should serve as a satisfactory explanation of all such cases as your correspondent brings forward. How difficult it is for physicians to abandon opinions once formed! "So much the worse for the facts," is the usual reply to facts that are otherwise unanswerable.

As to the case of Spain, from which I stated cholera was excluded by rigid quarantine in 1854, I derived the fact, or statement, from a medical friend who visited that country and travelled extensively over it; as I understood it, that year, but in all probability I have mistaken in regard to the exact year. I shall make inquiry, and if either of us is in error, shall acknowledge the same in a future number of your journal.

But it is a matter of little consequence, one way or another, whether mistaken or not; the

facts now in favor of the *portability* of cholera, both by persons and effects, are so numerous and well established, that I much doubt whether "*sufficient*" negative evidence—and it must be such of necessity—can be brought to neutralize or set them aside. Charles A. Lee, M. D.

Peekskill, N. Y., April 6, 1866.

Scabies.—"Army Itch."

Editor Medical and Surgical Reporter:

Among the numerous specifics for "Army Itch" which have been brought to the notice of the profession through your journal, I have not seen the sulphuret of calcium mentioned.

A wash of the proper strength is easily made by boiling one ounce of recently slaked lime and one ounce of sulphur in two quarts of water, until the mixture is reduced to three pints. After filtering, the wash is ready for use.

I have used this preparation for scabies during the past six years, and have been entirely successful with it in every case. During the past six months I have had nearly two hundred cases among the recruits at this post, and have found no difficulty in effecting a speedy cure with this remedy, except the difficulty of getting soldiers to make as thorough an application of the wash as I desire.

I direct that it be thoroughly applied with the hand or a sponge for an hour every evening, for three or four successive evenings. A single application will often cure a recent case.

In cases complicated with other eruptions, the treatment appropriate for them is pursued at the same time.

The only difference I can discover between "Army Itch" and scabies, as it is met with in civil practice, is a difference in degree. Soldiers frequently neglect to apply for treatment until they are completely covered with the eruption, and in such cases it is sometimes so marked by lacerations made by the patient's nails and by secondary eruptions, that it would be difficult to recognize the disease if the case were an isolated one.

It is not surprising that the disease should cover a larger extent of the surface, and appear upon the outside of the limbs as well as in the flexures of the joints, when we consider the crowded manner in which soldiers live in their tents or barracks, and the carelessness that exists among them in regard to personal cleanliness.

The soldier catches the disease by sleeping with a comrade who is covered with the eruption, or in blankets which are filled with acari and their ova—and the disease is at once started from many different centres. The little acarus squats upon a new recruit with every prospect of a long life and a large family, and burrows away, undisturbed by soap or sulphur, until every square barley-corn of the poor soldier's skin is like a New York tenement-house—full inside and out.

George M. Sternberg,
Brevet Maj. & Ass't Surg. U. S. A.

Jefferson Barracks, Mo., March 25, 1866.

Case of Pulmonary Hemorrhage.

Editor Medical and Surgical Reporter:

Mr. G. J. R., of Boston, aged 35 years, gave me the following statement with regard to his own case:

He says: "I commenced bleeding about *July* 5th, 1857. For several days I expectorated blood of a light-red color, a little frothy. On the 11th of July I bled very freely; I should think at least *two pints*. The first symptom was a heavy pressure on the chest, and a tightness as though there were a belt buckled tightly around my chest.

"During the summer I would often spit blood. In November or December, 1857, I had another attack of hemorrhage, at which time I raised about a *pint*, the mouth filling with blood without any effort.

"I was then sick three months; too weak to leave my room. When I first went out, I walked about 500 feet, and was completely exhausted. After this I went out every day.

"In *April*, 1858, I weighed 112 pounds—rather light weight, for one who measured six feet and one inch in height, and whose ordinary weight is 160 pounds.

"I continued to spit blood occasionally for several months, though not to any great amount.

"In *July*, 1860, I had another slight hemorrhage, when I raised perhaps two gills.

"In 1861, the last of November, or the first of December, I had the most severe attack of all. I cannot say how much I bled at that time, as I was taken in the street about ten minutes walk from my boarding house.

"It was with great difficulty that I reached the house, as there was no carriage near and I had to walk.

"At that time the mouth filled so full of blood, that blood issued also from the nose. I have had much pain in the course of my life, but none to be compared with what I suffered on that night.

"I was covered with a cold sweat. My hair was as wet as if it had been dipped in a bucket of water. In all of these attacks I have had the same cold sweat and my extremities have been as cold as ice.

"I now (*November*, 1864), expectorate some, but not a great deal. Two or three times since 1861 I have raised blood to the extent of one or two gills.

"I have had five different physicians, all of whom believe the hemorrhage to have proceeded from the left lung."

Mr. R. is able now to walk about the streets,

though he does not attend to any business. His family have a strumous diathesis, and one of his brothers has suffered from pulmonary hemorrhage. W. H. Lathrop, M. D.

A Living Fœtus at Four and a Half Months.

Editor Medical and Surgical Reporter:

In your issue of March 31st, you notice a case reported by Dr. J. W. Taylor in the *Lancet*, where a living male fœtus was prematurely delivered about the fifth month of utero-gestation, surviving two hours. Permit me to relate a case which came under my own notice.

Miss S. H. S. was impregnated unquestionably on the 24th of August. She was delivered of a female fœtus, prematurely, on the 7th day of January following, which cried lustily for half an hour, so loud, indeed, that owing to the peculiar circumstances of the case, there was fear that more attention would be drawn to the mother than was pleasant. The child continued to breathe for upward of two hours, when it expired. It measured about six and one-half inches in length. Chandler B. Braman, M. D.

Brighton, Mass., March 31st, 1866.

Cerebro-Spinal Meningitis.

Editor Medical and Surgical Reporter:

With your permission I will ask—How shall we treat Cerebro-Spinal Meningitis?

This dreaded disease is becoming quite prevalent in this and many other sections of our country, and there seems to exist a great diversity of opinion in regard to the treatment. Will not some of the medical fraternity give us, through the columns of the Reporter, some practical hints, which have been derived from experience, and in their hands seemed to prove successful.

Yours, C. N. Palmer, M. D.

Sauquoit, New York.

News and Miscellany.

Influence of Social Position on Life.

It is said proverbially that poverty favors longevity, because the poor are not subjected to the bad consequences of luxury, and wealth. Dr. Majer shows the folly of the popular dictum. It has been proved by the researches of Benoiston, D. Chatauneuf, De Vilerme, Casper and others, that the value of life is less among the impoverished than the rich. Thus, of an equal number of infants of the same age double the number will die of the poorer than of the wealthier class. Where there is the greatest misery, there is the greatest mortality. According to Caspers the mean duration of life among the better classes of Berlin is fifty years, but among the paupers, thirty-two years only. The same writer compares the death rate of noble houses given in the *Almanach De Gotha* with the indigent of Berlin, and he shows that of 1000 infants among the former, 57 die in the first five years; but of the same number among the latter, 345. Whilst half of the poor only have attained the thirty-second year of life, half of the noble have attained the fifty-second. During epidemics the poorer classes are in an especial manner decimated. That simple well-being prolongs life is demonstrated by the low rate of mortality among persons who "assure" their lives in the assurance offices. A fifth or sixth part of negro slaves die annually. But the mortality among the free negroes who serve in the English colored regiments is only 3 per cent., that of slaves being 17 per cent. The learned professions, followed generally by persons of easy means, have an incontestable influence upon the duration of life. Thus, the mean age of fifty-two French literary men was sixty-nine years. Physicians, according to Dr. Escherich, cannot hope for a long life. At all periods of age they succumb in larger numbers than other professions. But the greatest mortality is during the early periods. Three-fourth die before fifty years of age, and ten-elevenths before sixty. Old men are rare among them.—*Half-Yearly Abstract of Medical Science, etc.*

Cholera; New Treatment.

Dr. John Gason, of Ireland, publishes in the *Lancet* a mode of treatment of cholera adopted by him during the epidemic at Tuscany, in 1855, as is claimed with success. As soon as the alvine "rice-water evacuations commence, or as soon after as possible, he places longitudinally beneath the buttocks a towel very tightly rolled up, on which a solution of chloride of lime has been sprinkled. This roller should be in length about nine or ten inches, and in diameter one and a half or two inches. It must be placed so as to allow the orifice of the rectum to come directly on the middle. The patient must be confined to the horizontal posture, and no motion, so as to affect the position of the roller, be permitted. Together with this, a broad flannel bandage should be carried tightly round the body three or four times, the part next the skin, and particularly that portion over the abdomen, should be well sprinkled with chloroform. All liquids must be withheld for the first few hours, notwithstanding the intense thirst of the patient. Gentle and continued friction should be kept up on the extremities, together with a moderate application of heat. Chloroform, in doses of three drops, to be given on a small lump of sugar every five or ten minutes, according to the urgency of the case.

The roller beneath the buttocks should not be removed for at least twelve hours after reaction has set in, and then replaced immediately by a fresh one. The patient will frequently desire urgently to go to stool, but should be strictly forbidden to do so. If the roller is properly made and placed, no evacuation can possibly take place, not even as much as will stain the towel beneath him. In some cases, attended with great restlessness, it may be necessary to plug the anus, in addition to the use of the roller.

Death by Congelation.

M. Pouchet has detailed to the Academy of Sciences of Paris some experiments in animal congelation. He reaches the following conclusions:

1. That the first phenomenon produced by cold is a contraction of the capillary vessels to such an extent that the globules of blood cannot enter; these vessels therefore remain completely empty. 2. The second phenomenon is an alteration of the blood globules which amounts to their complete disorganization. 3. Every animal completely frozen is absolutely dead, and no power can reanimate it. 4. When only a part is frozen, that part is destroyed by gangrene. 5. If the part frozen is not extensive, and only a few disorganized blood globules pass into the circulation, the animal may recover. 6. But if, on the contrary, the frozen part is of considerable extent, then the mass of altered globules brought into the circulation when the part is thawed rapidly kills the animal. 7. For this reason a half-frozen animal may live a long time, if maintained in the condition, since the altered globules do not get into the circulation; but it expires rapidly as soon as the frozen part is thawed. 8. In all cases of congelation, death is due to the alteration of the blood globules, and not to any effect on the nervous system. 9. It results from these facts that the less rapidly a frozen part is thawed the more slowly the altered globules find their way into the circulation, and the greater are the chances of the recovery of the animal.

—— The Surgeon-General has had constructed a beautiful model of the Hicks United States Army General Hospital, at Baltimore, Md., which he designs to send to France, to be exhibited at the Paris Exposition of 1867. The model is of wood, and is made on the scale of one inch to twenty feet.

—— Dr. Joseph A. Phillips has resigned the post of Surgeon-General of Pennsylvania, and that post has been closed. Colonel Phillips has been connected with the Pennsylvania troops in the field and this office since the commencement of the war, and he retires with the full confidence and esteem of the Government. He returns to Pittsburgh to resume the practice of his profession.

NOTICE.

The Twentieth Annual Meeting of the *Association of Medical Superintendents of American Institutions for the Insane*, will be held at Willard's Hotel, in the City of Washington, D. C.

The Session will commence at 10 A. M. of Tuesday, April 24th, 1866.

JOHN CURWEN, M. D.,
Secretary.

Pennsylvania State Lunatic Hospital,
Harrisburg, March 8th, 1866.

AMERICAN MEDICAL ASSOCIATION.

To Competitors for the Prizes, 1866.

1. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, No. 257 Fourth Avenue, New York city, on or before April 15, 1866.

2. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

MARRIED.

Douglas—Washabaugh.—In the Presbyterian church of Bedford, Pennsylvania, March 28th, by the Rev. R. F. Sample, Dr. George C. Douglas, of Fulton, New York, and Miss Laura C., daughter of the Hon. Daniel Washabaugh, of Bedford.

Livezey—Balderston.—On the 5th inst., by Friends' ceremony, Edward Livezey, M. D., and Mary, daughter of Samuel F. Balderston, all of this city.

Lodge—Simmons.—On the 4th inst., by Rev. G. D. Boardman, John W. Lodge, M. D., of Lower Merion, and S. Jennie, daughter of the late A. H. Simmons, of this city.

Moorhead—Huyett.—March 28th, by the Rev. W. W. Moorhead, Mr. A. C. Moorhead, of Rock Island, Illinois, and Miss Mary C., eldest daughter of Dr. Joseph Huyett, of Camden Mills, Illinois.

Parry—Sharpless.—On the 5th instant. by Friends' ceremony, at the residence of the bride's father, John S. Parry, M. D., and Rachel P., daughter of Wm. P. Sharpless.

Sayers—Gardner.—In this city, on the 12th ult., by the Rev. Alfred Cookman, D. D., Dr. Konn B. Sayers, graduate of Pennsylvania Medical College, of Henry, Ill., and Fanny Cecille, only daughter of the late George Gardner, Esq.

Smith—Tomlinson.—At the Ninth St. Baptist church, Cincinnati, March 27th, by the Rev. Wayland Hoyt, Dr. Henry A. Smith and Lucy I. Tomlinson, daughter of Mrs. Eliza Tomlinson, all of that city.

DIED.

Guthrie.—In St. Charles, Minn, March 6th, Mrs. Dr. H. H. Guthrie.

Mackenzie.—In Baltimore, April 4th, of disease of the heart, Dr. John Mackenzie.

Stevens.—March 27th, Sophia L. Stephens, wife of Calvin Stevens, M. D., and daughter of Oliver Crocker, Esq., of New Bedford, Mass.

ANSWERS TO CORRESPONDENTS.

Dr. J. S. C. and others.—Complete volumes of the *London Lancet*, previous to the current year, *cannot be obtained*, as the issues of several months are exhausted.

Dr. W. C. P., Head of Sassafras, Md.—The remedies you speak of, have been used to some extent by regular practitioners, but few of them, however, with satisfaction. Try them and report. There is no late work on new remedies better than the last edition of the U. S. Dispensatory.

Dr. C. S. W. P., Columbus, Miss.—There are instruments for producing counter-irritation by means, generally, of acupuncturation, which have been before the profession for *many years*. They were noticed in the Reporter ten years ago. We cannot recall all the various names by which they have been known. The most familiar to us are Baunscheidt's and Firmenich's. They have a limited sphere of usefulness.

Dr. H. G. B., New Canaan, Conn.—Prof. Salisbury's contributions to medical literature have not been republished yet. We trust they will be, as they have too limited a circulation now. Communicate with him on the subject at Cleaveland, Ohio.

Dr. J. E. J., Fullston, Pa.—Meigs on Diseases of Women, sent on the 5th, by mail.

Dr. W. C. R., Pittsburgh, Pa.—Parker on Syphilis, sent by mail, on the 5th.

Dr. H. S. W., Hopewell Station, Pa.—Cyclopædia of Practical Medicine, (6 vols.,) sent by Express, April 5th.

Dr. C. C. M., Manassas, Va.—Hamilton on Fractures and Dislocations, sent by mail, on the 5th.

METEOROLOGY.

March,	26,	27,	28,	29,	30,	31,	A. 1.
Wind	N. W.	N.	S. E.	N. W.	W.	S. W.	W.
Weather	Clear, High Wind.	Clear.	Cl'dy. Rain.	Clear.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain			4-10			3-10	
Thermometer.							
Minimum	12°	20°	26°	37°	34°	30°	31°
At 8 A. M.	23	28	49	46	38	39	48
At 12 M.	34	39	51	47	41	48	54
At 3 P. M.	34	40	51	48	39	51	55
Mean	25.75	31.75	44.25	44.50	38.	42.	47.
Barometer.							
At 12 M.	29.9	30.3	30.3	29.9	30.	29.8	30.

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 477.] PHILADELPHIA, APRIL 21, 1866. [Vol. XIV.—No. 16.

Original Department.

Lectures.

PHLEGMASIA DOLENS.

A Clinical Lecture Delivered at Pennsylvania Hospital, March 17, 1866.

By J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Isabella M., mother of seven children, was delivered, six weeks ago, of a boy. She had an easy confinement. The third night after delivery, she states that her left knee began to swell, then the thigh, and that the swelling gradually extended down the leg. The pain preceded the swelling, and first affected the knee, to which it was limited, none existing in the groin. From the beginning, it was increased by motion. A gradual swelling took place in the thigh, where she states, contrary to what occurred in the knee, the tumefaction preceded the pain. All this dates six weeks back. When she was admitted into the hospital, which was on the 13th inst., we found a very considerable swelling of the whole of the left leg. It was uniformly swollen to about three times the size of the right, was of a whitish color, and slightly œdematous, especially at the lower portion and around the ankle. There were no signs of inflammation, so far as color is a sign, if we except a slight redness on the inside of the knee. There was everywhere extreme tenderness; indeed, pressure was so painful at various portions of the leg, that we had to desist from accurately noting how far that tenderness extended, or in how far it was modified by position. We could not, at that time, owing to the extreme pain it occasioned, flex and extend the limb, as we found any attempt at motion vastly increased the suffering.

Now, besides all this, in tracing out the phenomena then present, we noticed that although there were spots of tenderness, perhaps most marked at the lower portion of the thigh, they could not be limited to the course of the saphena or femoral vein. Indeed, if we could make any observation on the subject of comparative tenderness, we were bound to assume that in the course of the veins there was less tenderness than elsewhere. But, as I already stated, the great difficulty of making the examination, owing to the pain it occasioned, throws a little doubt upon this observation, but so far as we could determine, we have no hesitation in saying that the course of the veins was not the most painful part of this limb.

The constitutional phenomena we observed at that time were, pulse 120, heart's action quiet, skin moist, appetite impaired, pallid countenance. The treatment we adopted consisted in bathing the part constantly with lead-water and laudanum, good nourishing diet, and subsequently painting the thigh with tincture of iodine, and the internal use of juniper berries.

Since yesterday, we have found the swelling somewhat decreased. We made an attempt at keeping the leg on an inclined plane, but it was too painful. Although the limb has decreased in size since we first observed it, you will now notice that there is yet a great difference between it and the right one. You also perceive that there is still œdema about the ankle, and though there is some tenderness here, the tenderness, she states, and I believe correctly, is not so great as it was formerly. But the closer the knee is approached, the greater still is the pain.

Notice the character of the swelling. It is white, firm-looking, and only slightly pits on pressure near the knee. The knee-joint itself is red, and there is evidently considerable effusion here. The red spots you see are the ones I told you existed from the beginning, being the only signs of discoloration present at any part. You can hardly now judge of the state of the thigh, because of the iodine with which it has been painted. But the skin does not pit on pressure, differing from the leg in this respect—or at most, there is the least appreciable pitting in some parts. Moreover, there is still considerable tenderness. I press now in the course of the femoral vein, and there is clearly no more pain, to say the least, than elsewhere. She states it did not hurt her there. But, as you see, a little above the knee-joint, about two inches, in a straight line with the patella, seems to be the

seat of greatest tenderness, as it has always been. I will add, to complete the observation, that the thigh presented, before it was painted, exactly the appearance of the leg, namely, it was white, shiny, and had none of the red marks you see on the knee-joint.

Now, before we proceed to further discussion of the case, we will examine the groin. There is no tenderness about or above Poupart's ligament. Pressure immediately above the symphysis pubis gives on left side some pain, none on right. She cannot move the limb. She feels contact. Tickling of sole of foot produces no reflex movement, neither does she move much when I tickle the right foot. We will investigate the state of the muscles of the limb, and using the term in very general sense, we cannot but state that the impaired power of motion amounts to palsy.

Now, the case you have before you is a typical one of phlegmasia dolens, milk leg, phlegmasia alba dolens, painful white swelling. This, studied in its symptomatic relations, with reference to the phenomena it presents, is interesting, I think for many reasons. In the first place, let us ask ourselves how what we observe here differs from what would be observed in a case of marked œdema of the leg, as in general dropsy. It differs in this, that the swelling, except at the lower portion, does not pit much on pressure, indeed, in this instance, there is even more pitting than we often perceive. Notice, further, that the part is white, shiny, dense.

As regards some of the symptoms, I would further call your attention to two points of great interest. One is the loss of power in the leg. I do not think it is easy to explain this loss of power. In a few minutes, when discussing the pathology of the affection, I shall recur to this point. The other condition I wish you to particularly notice is the very great tenderness here present, and the fact that the tenderness is very diffused, and by no means limited to the course of the veins; indeed, if we can trust to the observations made, it is less there than elsewhere. So as to complete this examination, we will test the muscles by galvanism. I am not aware that this test has ever been made use of in cases of this kind. We will see what it leads to, or whether we observe anything at all of importance; in any event, it will complete our investigation.

Now, as we apply the current, there is certainly no increased electro-cutaneous sensibility, for she does not feel it any sooner nor more distinctly than I do. I am also willing to affirm that there is deficient manifestation of electro-muscular sensibility in the muscles over which I am now applying the current on the inner side of the leg. There is also deficient electro-muscular contractility in the muscles of calf of the leg. I now localize the current on the rectus, and there is no contraction perceptible. There is much greater sensibility, as you instantly perceive, in the right limb than in the diseased one. The results of this examination, then, are that there is undoubtedly slightly diminished electro-muscular sensibility in the diseased, as contrasted with the sound leg, for you observed that the same current produced much more pain on the right side than on the left, and there is unquestionably diminished or less electro-muscular contractility; at all events, the contractions of the muscles, if produced, can neither be felt or seen.

Now, having pointed out to you the clinical elements of this case, I think it may serve a useful purpose, for us to discuss for a few minutes the pathology of this affection. What is it? Why this swelling? If you had asked that question of a pathologist of the last century, or even of the beginning of this, you would have been told that it is emphatically a milk leg, that this white, shining, comparatively non-pitting swelling was due to a large accumulation of milk in the leg. After this view had passed away, the prevalent one was that this kind of swelling was caused by some disease of the lymphatics. It was supposed to be kindred in its nature to angeioleucitis. But observations have proved the incorrectness of this surmise. Until quite recently, these milk legs have been supposed to be owing to phlebitis. It has been assumed, especially in the milk leg that follows delivery, that the veins of the uterus first became involved in inflammation, which extended to the iliac and femoral veins, perhaps to the saphena, and thus we had the signs you have here so clearly developed. This view is still held by a number of pathologists, and by obstetricians in particular. But there are many reasons for believing it to be erroneous in most instances. And certainly, in the first place, the best of all reasons is that persons in whom this affection has proved fatal, have not presented the least sign of any inflammation of a vein; and on the other hand, if you tie a vein, producing artificial inflammation in it with subsequent clotting, you have marked œdema, but you will not have the pain, the comparatively unœdematous swelling and the loss of motion you have here. Therefore, partly as the result of clinical and pathological observation, and partly as the result of experiments upon animals, we cannot hold strongly to

the opinion that inflammation of a vein, with subsequent occlusion of its calibre, in consequence of that inflammation, is the primary cause of phlegmasia dolens. Again, and it is very important for you to take a more general view than would be furnished by any one case that might be presented to you, we find phlegmasia dolens arising after low fevers, in phthisis, in cancer, and in states of the system which do not favor the view of a likelihood of venous inflammation.

I may at once here state that the most probable cause that has been assigned for this disease consists in the coagulation of blood, not simply in the large veins, but in the smaller order of veins; not merely in the femoral and saphena, but also in all the veins, even to the fourth and fifth order, connected with them. These facts rest partly on the result of experiments, such as were made by Mackenzie; partly also on clinical observation, for in cases which have proved fatal, and in which accurate examination has been made, this plugging of both larger and smaller veins has been often found to a marked degree. The coagulation in the veins is probably the result of the altered state of the blood, and only in much rarer instances is it due to phlebitis.

Having told you this, let us now try and explain the symptoms in the case I exhibited to you. These you still see are present to a certain degree—indeed I am sorry to say to a very great degree. You still find the swelling, which, comparatively speaking, pits but little on pressure; still the sensitiveness to the touch, especially on the thigh; still the inability to move her leg; still the perspiring skin, the frequent feeble pulse, and the signs of considerable debility co-existing. Taking as our ground-work what I have just told you as to the cause of this affection, let us enter upon an explanation of the swelling, the pain, the increased temperature, and the want of motion which this case presents.

First, as to the swelling. Is it œdema? No, it is not. There is some œdema unqestionably mixed up with it, but you could not have a leg œdematous to such an extent without its pitting more on pressure. I shall in the next clinic show you a case of Bright's disease, with marked œdema. You will then find, so soon as we press upon it, our fingers leave a marked depression visible for some time. The swelling here, then, is not that of pure œdema, but is the result partly of œdema, partly of the plugging of the venous system, and possibly, too, (as Graves long since believed, even prior to the introduction of the doctrine I am now bringing to your notice,) of some inflammation of the tissues proper, extending around and obliterating small veins.

Why should the disease be so painful? Why this tenderness so great, and so unlike what happens in cases of œdema? You have got one cause in the distention of the blood-vessels—a state which is always painful. And, moreover, I think it is very likely that this distention presses upon some of the smaller nerve branches. What more likely? Could you have so much swelling, partly from and not altogether œdematous, as we know this to be, without there being pressure upon the fine nerve branches? This pain and tenderness are so marked, that there are not a few distinguished pathologists who have believed this disease to consist primarily in neuritis, affecting the finer nerves. But the most careful investigations after death have not detected any signs of inflammation of the nerves. I think we may conclude that the pain is greatly due to mechanical causes, to the swelling pressing upon the nerves, and to the fulness of the blood-vessels of the part.

Two interesting points remain for our discussion. As to the increased temperature, we have not merely the result furnished by the hand, but we have made with the thermometer a comparative observation upon the two limbs. 104° is the temperature of the left leg, and 102° of the right. What does this increased temperature denote? Could mere œdema cause it? If so, the œdematous parts of Bright's disease ought to be of higher temperature. Increased temperature favors the view of local disturbance of circulation, and favors the view of some inflammation of tissue. By the way, let me here mention in passing, that this doctrine of inflammation does not rest wholly upon theoretical basis, but that in some cases absolute partial suppuration occurs with a disease of this kind. The increased temperature, I believe, is partly the result of the obstructed venous circulation, and partly, perhaps—I think we may also say—of the inflammation of which I have spoken.

One more, and that a very interesting point of its symptomatology, remains to be studied, namely, the loss of motion.

First, you will say, is it a fact? I appeal to this and other cases. Then you will ask if it is mechanical, the leg being too heavy. Have any of you ever seen a case of elephantiasis? Doubtlessly you have. Is not the leg heavy enough then, increased to twice the size of this leg even, and yet have you not seen persons walk with elephantiasis? Again, take a case of marked œdema of both legs in Bright's disease, or cardiac

dropsy. The patient is not necessarily bed-ridden; he can kick and contract his limbs, at all events. Where then stands the mechanical explanation here, in view of such much more marked enlargement in elephantiasis and œdema, in which motion is fairly possible, and can indeed be readily performed? Why can our patient not move the muscles of this affected limb? Thus then, gentlemen, we are drawn to the conclusion that the difficulty is not purely mechanical, owing to the weight of the part. I think there is here real paralysis present. That acute observer, whom I have already quoted with reference to the view as to inflammation of the part in this disease—Graves, was so struck with the want of power which these cases of phlegmasia evinced, that he regarded it as reflex palsy. He said the cutaneous nerves are affected primarily, and react upon the spinal column, and this disorders the muscular motions; or, in other words, the want of muscular power is reflex.

But we must be careful in attributing to reflex-palsy—a state so little understood—any phenomena that seem capable of readier explanation in other ways. It would appear more likely that the pressure upon the nerves I have spoken of, which is borne out by the pain, might be placed in connection with this want of power. You well know if you disorder the nervous supply of a part by pressing upon the nerves distributed to it, you have not only pain but diminished motion. Also, we notice, as the swelling decreases the power increases. I would then say, that the loss of motion is partly the result of mechanical pressure on the nerve trunks and nervous branches—fine as well as larger; but I do not think this view wholly covers the ground.

I am also inclined to believe that the state of the blood which is here present, and which is most likely the cause of the coagulation which has taken place in the veins, has something to do with the loss of power in the limb. This, then, I offer as the explanation of the evident want of power, which amounts, I may say, to real palsy. I might easily have linked with this the result of some very interesting observations which I commenced before you, and which we have carried on since our last meeting, in regard to the electrical phenomena of the helpless limb; but time will not permit, and I must leave their discussion to some other time, or some other case.

But a few words as regards the treatment, which consists in keeping the part elevated, and swathed in lead-water and laudanum, supporting the patient, and acting upon the emunctories. Act upon the bowels, if you can do it without weakening the patient too much, and upon the skin, and above all, upon the kidneys. In this case we are administering compound spirits of juniper and quinine, and chloride of iron and good nourishment. I shall show you the case again while it is in progress—and like all cases of the kind, I am afraid it will be a long one—and then discuss with you at greater length than our time this morning permits of, the reasons for the treatment adopted.

Communications.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

Of Philadelphia, Pa.

(Continued from page 228)

Binocular Vision.

When we look at a carte de visite portrait with the aid of a magnifying glass, there is a certain amount of relief imparted to the object; this can be further increased with the aid of the magic-lantern, producing the most beautiful effect, with a series of photographs of celebrated statues, bringing them out so round in all their beautiful proportions, and illustrating the effect of monocular relief. But to obtain a more perfect idea, even one slightly exaggerated, both eyes must converge to the object, so as to obtain binocular effect. The angle at which this is most perfect, is called the binocular parallax. This angle, supposing the object to be twelve feet distant, and the space between the eyes to be two and a half inches, would be exactly *one degree*, and at twenty-four feet *half a degree*. In those persons in whom the eyes are widely separated the binocular parallax will be greater, and in those in whom the eyes are near together it will be less. To exhibit these effects, "Wheatstone" invented a reflecting stereoscope, which essentially consists of two mirrors placed with their backs toward each other, at an angle of 90°, with two sliding frames, upon which the pictures may be attached and properly adjusted. Sir David Brewster invented soon after another form of stereoscope, in which the rays from the two pictures are made to diverge to the desired distance, by means of two eccentric double convex lenses placed in sliding tubes, so as to be drawn in and out to suit different eyes, and by which, within certain limits, any desired magnifying effect may be produced. This is the instru-

ment with which we are now so familiar, and which affords so much pleasure by its surprising effects. Brewster denies that Wheatstone was the discoverer of the fact of two dissimilar pictures being painted upon the retina by near objects, which he says was well known to Euclid more than two thousand years ago, and Mr. J. Z. Laurence has published that the same fact was quite clearly stated by Galen one thousand five hundred years ago, and "that it is the mental combination of two different perspective projections of the object formed on the retina that conveys to us the idea of solidity."

Binocular Ophthalmoscopes.—The Binocular Ophthalmoscope of Giraud Teulon.

"At a time when all optical instruments, spectacles, telescopes, microscopes, stereoscopes, and so forth, had been successfully constructed in accordance with the physiological principle of binocular vision, the ophthalmoscope was still left to stand alone. The law of its action, that the rays of light emerging from the eye return in the track of their incidence, seemed to present an insurmountable obstacle to the attainment of the conditions of binocular vision. Dr. Giraud Teulon, however, in considering the position of the actual inverted aëreal image formed between the ophthalmoscope object-lens and the observer, was led to inquire why the rays diverging from this image should not be seen as readily with both eyes as with one. He found the difficulty to depend upon the distance to which it would be necessary for the observer to retire.

"If the centres of the observer's eyes were from 2″ to 2½″ apart, the focal length of the objective 2″, and the diameter of the pupil of the observed eye 3‴, the observer's eye would require to be 20″ from the image. If the pupillary diameter were only 1‴, the other elements of the calculation remaining the same, the distance would have to be increased to five feet.

"It is apparent that, even in the former case, from loss of light and diminution of the visual angle, no details of the fundus oculi would be discernible.

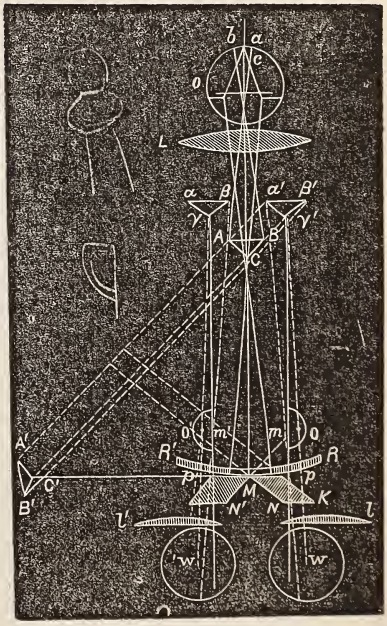
"Dr. Giraud Teulon next provided himself with a concave mirror of about 30 centimetres focus, and as large as that of the ordinary laryngoscope. In its horizontal diameter he made an oblong slit, 7 centimetres in length, and 6 millimetres in breadth, through which both eyes could look at once. By placing a lamp above and behind the patient, in a vertical plane with the eye to be examined, the pupil of which must be fully dilated, an observer may see the optic disk, say with the right eye in the ordinary way. After a while, he will see it also with the left eye, the two images partly overlapping one another.

"The two images thus obtained have a great tendency to separate and to vanish behind the pupillary margin. By great practice and very extreme convergence of the ocular axes, it is sometimes possible to unite them and to produce a stereoscopic effect.

"Having thus theoretically solved the problem of binocular ophthalmoscopy, Dr. Giraud Teulon sought to render his discovery available in practice. M. Nachet, Jr., had long before constructed a microscope in such a manner that the actual image formed by its objective was divided by a system of prisms and presented at once to both eyes of a spectator. Acting upon this prineiple, Dr. Giraud Teulon placed behind the opening of a mirror, two rhombs of glass, with their edges meeting on the vertical diameter of the opening, and their surfaces ground to afford a complete double refraction at angles of 45°. By this means, the rays proceeding from the actual image of the fundus oculi were divided, and like those of stereoscopic pictures, were easily so united by the aid of lenses or prisms as to afford an appearance of relief.

In Fig. 1, let *a b c* be an object on the background of the examined eye, *L* the convex lens,

Fig. 1.



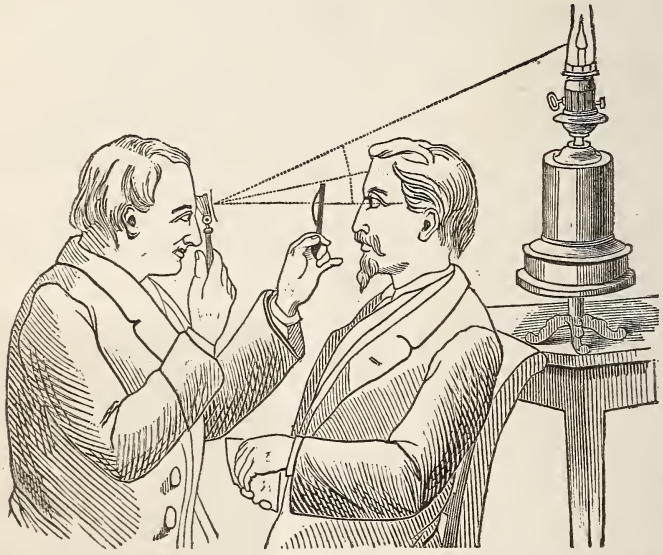
R R′ the perforated concave mirror, *N N′* the two rhombs of glass, *l l′* the ocular lenses before the eyes of the observer, and *A B C* the actual image of

the object; $a\ \beta\ \gamma$, and $a'\ \beta'\ \gamma'$ will then represent the two inverted images formed by the rhombs, and these will blend together. The retina will exhibit its real thickness; the vessels issuing from the papilla will appear as trunks, with twigs projecting forward toward the retinal surface; and the papilla itself will be displayed in its actual condition, either concave, plane, or convex.

If the mirror and the observer's eyes are now brought nearer to the patient, and the instrument be fitted with prismatic decentered convex ocular glasses, as in the common stereoscope, the image assumes great magnitude, the eye under inspection disappears from view; and there only remains an aëreal picture, relatively of immense size, 'any description of which would be inadequate, and would appear exaggerated.' From the extent of the image, and according to a well-known property of the convex glass required as an objective, the whole surface will present an appearance of anterior convexity.

"As already mentioned, the lamp for this examination is placed above and behind the patient; so that the rays pass over his head. The mirror is attached to a horizontal bar turning on pivots upon the horizontal box that contains the rhombs, and no lateral movements are required for the necessary illumination. The rhombs must be kept perfectly horizontal, and the eyes of the observer and patient must be upon the same level. The general arrangement is exhibited in Fig. 2.

Fig. 2.



"In this ophthalmoscope, the distance of the actual image from the observer is less, by half the distance between the eyes, than in a monocular instrument. The mirror may, therefore, have a shorter focal length than in the latter; and the examination may be made from a nearer point. Myopic observers require simple ocular prisms of 7° or 8°. Hypermetropic, or presbyopic, require convex lenses, decentred by about one centimetre, which exert, moreover, a considerable magnifying power. For the examination of the erect image, the mirror must be brought close to the eye, and the convex oculars replaced by concaves, of from 6″ to 10″ focal length. Both kinds are decentred, and are placed, the concaves with their thin edges inward, and the convex with their thin edges outward."*

* Zander.

Strychnia in Prolapsus Ani.

A case is quoted by the *Cincinnati Lancet and Observer*, in which *prolapsus of the rectum*, occurring in a little girl, 4 years of age, inmate of the Foundling Hospital in Paris, yielded to injections, in the direction of the sphincter, at about one-third of an inch beyond the anus, of 10 drops of a solution containing 3 grains of sulph. strychniæ in 5 drachms of distilled water. Improvement took place until the third day, when the procidentia recurred once after stool. 14 drops of the solution were again injected, and for six weeks the symptoms did not recur. Later the prolapsus reappeared under the influence of chicken pox, but disappeared again after its subsidence.

Koch, of Stuttgart, effected a cure in a case of 15 years standing, by the employment of cold water injections, medicated by the addition of 12 drops of tincture of nux vomica. Dr. A. Johnson has been equally successful by the application of strychnia (gr. 1-16), to a blistered surface over the coccyx.

Hospital Reports.

Philadelphia Hospital,
December 8th, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Chronic Diarrhœa.

This man I present as a type case of a very prevalent disease that has produced such fearful havoc in our army. It is a peculiar condition of the bowels arising from miasmatic influence and excessive fatigue.

James Smith, æt. 20, by trade a coppersmith, has been a soldier in Virginia, and was with McClellan all through the Peninsular campaign. During all this time he had intermittent fever, and some trouble with his bowels, but was able to attend to his duties, and was not therefore admitted to hospital. After serving as a soldier two years, he was discharged on account of a wound in the left leg.

Came home unable to work; no chills, but a looseness of bowels. During the last few months he has been out in the country working on a farm, and paying particular attention to his diet, but has found no relief. As you perceive, his general appearance indicates that he has been in a malarious region; there is that peculiar palor—a bronze appearance, almost pathognomonic of miasmatic affections.

Now you are aware, gentlemen, that diarrhœa may be brought on by a variety of causes; a change of diet; water from a limestone region to one unaccustomed to its use; excessive heat or cold; severe fatigue; fear; travelling to one of sedentary habits; in short, anything that will produce a decided change in the natural functions may bring on diarrhœa. In this man's case it seems to be connected with miasmatic influence; how we cannot tell. According to his own account no medicine has yet been taken. In regard to quinine in these cases it frequently produces a change, and the patient recovers, providing it has not been of long duration. Place them in the recumbent position removed from the malarious influence. Do not allow them to walk about on any consideration, when of an acute character, the remedies must be of a general antiphlogistic nature; first prepare the system by small alterative doses of calomel or blue mass, ipecac., and opium, and then you may use an astringent with some hope of success. Small doses of lead, opium and camphor, often repeated, have been a favorite astringent remedy for many years. But this is in ordinary cases. Occasionally it will continue for many months, as in this patient, until it becomes chronic and the patient's system is continually drained by this unnatural discharge. You notice how emaciated he has become—you can count every rib in his body. His food passes without being properly digested; feces thin, yellowish white and very offensive; skin dry; tongue red with thick coating; slight pain; has not suffered from wind; there is a peculiar tenseness about the bowels; a retraction of the abdomen that you will always find in these chronic cases from a malarious cause. Very often you have the liver sympathizing; and again there seems at times to be a predisposition in the atmosphere to the production of diarrhœa. We see this in the common epidemics of July and August; at such a time we should be very careful about our diet, and avoid those articles which are known to be crude and indigestible. During these epidemics many people become frightened and rush to the apothecaries and get hot doses which only increases the danger. Send them home and put them in bed; try and dispel their fear; give them mild but nutritious diet, such as rice, farina, or arrow root, while at the same time you administer some astringent medicine. If exhausted give burnt liquors containing aromatic powders. Hot fomentations, leeches or blisters over the whole abdomen will often be found serviceable. Many patients object to the continued use of lead for fear of producing lead poisoning; but in this house we have used bushels of it, and never saw any evil results. At one time, when scurvy existed in the army, they found that acids had a good tendency, and the diarrhœa cases recovered on the free use of lemons with opium and chlorate of potassa. As I said before the change of water is often the cause; but this may be remedied by boiling every particle of water that is used, and then exposing it in open vessels to the atmosphere. Again they have been treated by nitrate of silver, sulphate of copper or zinc, and by subnitrate of bismuth with decided benefit. This latter article became quite popular in chronic diarrhœa—but it is necessary to use it in herculean doses—say ʒss. to ʒj. every two hours.

Any new remedy will seem to do well for a time, but the discharges return; once in a great while they will entirely recover but in a majority of cases they do not get well. After having been vexed and tormented in this way for months and years, they are ready to resort to any new remedy and when that fails they become miserable, dejected in spirit, give up to despondency, and death ends the scene. You will find in making an examination post-mortem, that the mucous membrane presents a very different appearance from that exhibited in health. Instead of being thin, soft and delicate, it is usually inflamed, thickened ulcerated and sometimes perforated. All through the track of the large bowel may be found mild, old and cicatrized ulcers, showing the length of time that it has existed.

The prognosis in this man's case is very unfavourable; he has had nitrate of silver, bismuth and aromatic liquors internally while injections of starch and laudanum, sweet oil, lime-water and laudanum have been made use of. I have to day an idea of changing the treatment to a caustic dose of nitrate of silver, say ¼gr. every three hours. I do not use this with any particular hope.

This patient died, as prognosticated, a few days afterwards, and the presupposed condition of the bowels, as suggested in the lecture, actually existed; there being a complete change in the

mucous membrane, with ulcerations in various and varying stages, in some instances advanced almost to mortification.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

November 8th, 1865.

Uterine Displacements.

Dr. J. Cheston Morris remarked:

In accepting the invitation of your Committee to read before you a paper on the subject of Displacement of the Uterus, I feel that I have undertaken a task of no ordinary description. Our great American poet-physician, Dr. O. Wendell Holmes, admonishes us that,

> "You have found your place
> Just in the focus of a nervous race."

Old theories and time-honored opinions are being roughly handled and shaken, as though they were merely the far-reaching guesses at truth of our predecessors; well-meaning old gentlemen indeed, but so occupied with their preconceived philosophical notions, and so destitute of our improved means of investigation, as to preclude our attaching much importance to what they may have thought. The quickly succeeding discoveries and developments of facts in the various domains of the science of medicine, produce a sort of delirium—a phantasmagoric vision before our minds, in the midst of which we find it difficult to seize the various truths, and construct from them a harmonious whole. As instances of this confusion I have but to allude to the various theories propounded with reference to the heart's action; or the discussion on therapeutics and the action of remedies which is agitating the English medical public through the labors of Todd, Inman, Chambers, and Anstie. But the subject for discussion to-night is even more than these, the field where medical controversy rages —the number of antagonists is far greater—in fact no practitioner in the daily exercise of his profession can avoid having the question daily brought before him of how to treat uterine disorders, or placing himself in the ranks of those who support some one of the views now prevalent, as to the significance of uterine symptoms, and their proper treatment.

It is this which makes the subject a difficult one; and I feel that I must beforehand ask your indulgence if I should, in endeavoring to express what I think the profession has gained from the—as yet but partially explored—sea of uterine pathology, encounter perhaps, roughly, views which differ from mine; and glad shall I be, if, from the collision, a spark of truth shall rise to guide us all to a better treatment of a very common and distressing class of diseases.

But at the very threshold of the subject, I am met by the question: Are uterine displacements really to be considered as of any importance whatever? Do we not constantly meet with cases in which the uterus deviates from its normal position, and remains misplaced for a series of years, without producing any of the terrible effects so constantly ascribed to falling of the womb? Are these effects really the consequence of the displacement, or of the condition of the uterus, or the system which has caused the displacement? and if the latter, should not our treatment be solely directed to the treatment of these conditions, and the uterus be left to right itself?

Here then is the first point of division. Let us see what experience has to say on the subject. The first question arises from the extreme frequency of uterine displacements from various causes, and from the fact of which any one may convince himself that the uterus is capable of moving, or rather of being moved from its normal position, to a greater extent than perhaps any other organ of the body, except perhaps the heart, and that these variations of its position, while within the limit of healthy function, do not produce any pain in the healthy organ. So frequent are these malpositions, that an anatomist of no mean pretensions has given us a plate representing the relative position of the internal organs, in which the uterus is anteverted. But to the second question, I would reply in the negative. Frequent as are uterine malpositions in persons enjoying a fair amount of health, a careful investigation of their life-manifestations will almost always lead us to the conclusion that they do not attain to the level of healthy action of which they are capable; and far more frequently we shall find that they are suffering more or less from the symptoms which the special deviation is characterized by.

To the third and fourth questions, answers will be best given when we have considered what are the varieties and alleged or real effects of displacement of the uterus.

The varieties usually recognized are prolapsus, procedentia, retroversion, retroflexion, anteversion, anteflexion, and latero-version. Ascent of the womb should hardly be treated of among uterine displacements, as it never occurs alone, but always with some organic change in the other

pelvic organs, and gives rise to no symptoms that need detain us.

The effects of uterine displacement may be conveniently classified as follows:

I. Those upon the uterus itself, including the functions of reproduction.

II. Those upon neighbouring tissues and organs.

III. Those upon the nervous system and general health.

I. If the uterus is removed from its physiological position, the first effect will be to modify the circulation in its walls. The blood-vessels, especially the veins and venous capillaries, will become congested, and thus the nutrition of the organ will be modified to an extent corresponding with the modified circulation. On this point I would like to enlarge considerably, but feel that it can hardly be necessary in speaking to gentlemen who have listened to Dr. Hodge and Dr. Meigs, both of whom have so ably called the attention of the profession to the symptoms and treatment by mechanical means of uterine disease. From personal observation, I am well satisfied that many cases of subacute metritis, granular erosion of the cervix, and hypertrophy of the womb are due to the congestion caused and maintained by malpositions of the uterus; and while this congestion, recurring frequently from physiological and pathological causes, constitutes our most serious obstacle in permanently relieving uterine disease, we must by no means overlook, if we wish for success, speedy and sure, one of its most direct and persistent causes.

Of course I would not be understood as intending to state that the displacement is always and only the cause of congestion, inflammation, hypertrophy, granular inflammation etc., etc. The mistake has often been made in this, as in every other branch of pathology of considering a symptom as the disease—and hence much of the empiricism which afflicts our science. We must go further in our etiology than the bare fact of diarrhœa, or dropsy, if we wish to treat these conditions successfully—but we should be just as much in error in denying displacement as a cause, in its turn, of disease *i. e.*, of disordered action or want of harmony, in the system, as we would in maintaining that dropsy or diarrhœa produces no evil effects.

Among the more serious ones of these, is to be ranked the effect of displacement upon the capability of conception, or of normal gestation. A great difference is observable in this respect among the different forms: for while prolapsus does not often interfere, except by aggravating the nausea of the first three months, and anteversion is only noticeable, for, sometimes, when excessive, tending to cause abortion by the pressure of the fundus against the pubes, anteflexion, and retroflexion require the greatest care on the part of both physician and patient to prevent abortion. The narrowing of the cavity of the womb, and the interference with the normal circulation through its walls, cause an unhealthy condition of the fœtal membranes; and the slightest disturbing cause will produce the expulsion of the uterine contents. Retroversion and retroflexion also constitute an obstacle to conception. Add to these, that the congested, semi-inflamed condition of the organ frequently prevents the natural satisfaction which should result from coitus, and causes suffering instead.

II. The tilting of the fundus of the uterus forward, as in anteversion and anteflexion, interferes most seriously with the functions of the bladder, causing either frequent micturition, dysuria, incontinence, or sometimes retention. The misery resulting from these troubles is very great, and often compels patients to seek relief when other uterine troubles have been long borne in silence. So also the pressure of the fundus against the rectum, as in retroversion and retroflexion causes tenesmus, constipation, painful stools, often with a sensation of something having to be moved out of the way before a stool can be had. So also simple prolapsus causes intense tenesmus from the pressure upon the sphincter. Not unfrequently an obstinate chronic dysentery, with glairy mucus stools, results from the irritation of the rectum thus maintained for years.

Nor do these evils tend to lessen themselves. On the contrary, when the uterus once deviates from its normal direction, the pressure of the bowels, instead of being divided around it so as to help maintain it *in situ*, is all directed on one side; and every effort at defecation, micturition, standing, sneezing, coughing, etc.,—only makes matters worse. But,

III. These are not all. The effects of the interference with the functions of the bladder and bowels, slight though these may seem to the casual observer, upon the general health are not slow in making their appearance. Indigestion, flatulence, dyspepsia, follow the impaired function of the bowels; while headache, dimness of vision, pain in the loins, and anæmia will often lead us to suspect the kidneys of organic disease. Impoverished blood follows the impaired digestion and deficient elimination; and soon the whole nervous system passes into an irritable

condition, and pains innumerable follow in all parts of the body. This, however, leads me to speak of another set of symptoms, viz., those presented by the nervous system. Besides those due, as I have just mentioned, to the interference by a displaced uterus with the functions of digestion and excretion, and consequent deficient hematosis, we shall find not rarely purely reflex nervous phenomena. The uterus, as has been demonstrated by Dr. Robert Lee, is itself richly provided with nerve-ganglia, and is therefore capable of radiating impressions received by it to other nerve-centres. Experience has convinced me that it does so most frequently: and that many cases of partial or entire paralysis, or hyperæsthesia, on the other hand, acknowledge a uterine origin. The point to which painful impressions are most frequently radiated (next to the awful "small of the back," the uterine origin of which is often, I think, very doubtful,) is the spinous processes of the third and fourth dorsal vertebræ. Close to these nervous centres lie those which control the circulation in the eye; and hence the frequent occurrence of "weak eyes" in uterine disorders. I am not aware that this fact has previously been presented to the notice of the profession.

Next in frequency to this reflex symptom is the interference with the renal function, to which the attention of the profession was first called by Prof. Braun's monograph on uræmic convulsions in pregnancy. I have seen two cases of uræmic convulsions of the most urgent character depending upon uterine irritation in virgins; and have also repeatedly met with cases of partial paralysis depending upon disordered urinary excretion traceable to displacement of the uterus. I have also seen simulative hip-joint and knee disease depending upon uterine displacement, and cured almost instantly by restoring the organ to its natural position.

Having thus answered the questions stated above, we must next consider the causes of uterine displacement, and then conclude with the treatment.

The causes of displacement may be arranged under two heads: those which act directly and mechanically upon the organ and overcome its natural supports, and those which act through the system and according to its laws. Under the former must be included long standing or sitting in one posture, excessive muscular exertions, such as lifting, straining, walking, etc. And under the latter would come the relaxation of the ligaments, fasciæ and other tissues after pregnancy, and in feeble conditions of health, as in recovery from exhausting disease, or in cachectic conditions. Under the latter must also be included uterine congestion, the most frequent and troublesome cause. Due frequently, in virgins, to the non-performance of its functions by the uterus, and to the constantly returning menstrual flux, it tends constantly to aggravate itself and to recur, as pointed out above, by the interference thus produced, to the return of blood from the organ. It thus becomes heavier, and the natural supports are no longer sufficient to keep it in place. In the case of procidentia, this sequence is well illustrated; the floor of the pelvis having given away, the organ becomes congested and inflamed, and other changes then follow.

Upon the subject of treatment I shall be brief. As may be inferred from the views expressed above, I have more confidence in rectifying the position of the uterus, regulating the functions, and improving the hygiene of the patient, than in any specific mode of treatment. Each case must be studied for and by itself, and treated accordingly. One word, however, upon the subject of *pessaries*, which has been fought over ever since medicine became a profession. They must be capable of doing good *sometimes*, or they would have been driven out of use long since; for we must remember that the speculum is at least as old as Aretæus and Paulus Ægineta. Nor does it seem reasonable to me that we should use and advocate splints and other mechanical appliances to keep broken bones at rest while nature is repairing the damage, so that there shall be no more irritation than is unavoidable from the apposited fragments; and yet condemn the use of properly constructed and applied pessaries to enable nature to lessen the congestion and inflammation of the womb. No one would expect to cure a luxated joint sooner without a proper support after reduction than with one. I therefore use pessaries; generally for prolapsus, anteversion, or retroversion, either the glass disc, or what is better, Hodge's pessary of hard rubber: measuring on my finger the distance from behind the pubes to the junction of the neck and body of the uterus, having first placed the latter just high enough to remove the feeling of weight and bearing down, and preferring to use rather too small than too large a pessary first. The width of the pessary should depend on the contractility of the vagina and perineum, the object being to support the curve of the instrument on the soft and yielding floor of the pelvis, which thus acts as a spring.

For anteflexion and retroflexion, as also for obstinate cases of version and chronic uterine

enlargement, I have derived great benefit from the use of Simpson's intra-uterine stem-pessary, or a modification which I made of it some four years since. My modification is simply a sound made of moderately firm speculum metal, with a movable disc, which can be raised or lowered upon the rod, so as always to leave a length free, less by $\frac{3}{8}$ to $\frac{1}{2}$ inch than the long diameter of the uterus. The danger of injury to the womb from accidental violence is thus done away. The rest of the sound is bent so as to accommodate itself to the curve of the vagina, and then be so bent upon the abdomen as to fix the fundus in any desired position. The rise and fall of the abdominal walls in breathing corresponds with the natural elevation and depression of the uterus; and I have never as yet seen any of the serious inconveniences and disastrous effects said to have resulted abroad from the use of such instruments. On the contrary, I have repeatedly seen old engorgements, enlargements, and flexions completely relieved by them.

My treatment, then, for uterine displacement is to rectify it as soon as possible, and maintain the uterus in its normal position, if this can be effected without violence to it or the neighboring tissues; to treat inflammation, ulceration, congestion, just as I would treat them in any other part of the body, and to regulate the functions of the patient, her dress and modes of life, etc., so as to lessen in every way the afflux of blood and nervous irritation to the parts. To control congestion, and as a resolvent in chronic metritis, I can speak most highly of the powers of bromide of potassium, which I administer in five-grain doses every three or four hours, in combination with camphor, and sometimes very small doses of ipecac.

The difficulty is to get at the truth as regards the causes of displacement, congestion, etc., in the individual case. These once fairly ascertained and appropriately treated, uterine disease is quite as tractable as any form of disease with which I am acquainted.

PATHOLOGICAL SOCIETY of NEW YORK.

Polypus of Rectum—Fungus of Testicle—Urinary Calculus—Extensive Tuberculosis—Fungus of Nipple—Recurrent Fibrous Tumor—Spontaneous Gangrene.

Among the specimens presented before the Society, April 11th, were the following:

Polypus of Rectum.

Dr. Hutchinson presented this specimen, a polypoid tumor of the rectum, which had been removed from a boy, 13 years of age. He had frequently suffered from disease of the bowels. The first symptoms of the morbid growth occurred about five or six months ago, when there was slight prolapsus. Very little hæmorrhage followed its removal.

Prof. Post stated that the specimen appeared more like fleshy tumor than a true polypus.

Fungus of Testicle.

Dr. Hutchinson presented a specimen of fungous disease of the testicle. It had made its appearance through the anterior portion of the scrotum. Six years ago, the patient had received an injury of the right testicle, the symptoms, however, soon subsiding. When Dr. H. saw the patient, six weeks ago, the fungus mass protruded considerably, the superficial glands of the groin were enlarged, but the iliac glands not. There was no enlargement whatever of the cord. Although there were spots of a specific character on some parts of the body, still the whole history of the case did not warrant any diagnosis but that of simple inflammation—a benign fungous growth.

Urinary Calculus.

Dr. Hutchinson also presented two specimens of urinary calculus. The first had been removed, by the bi-lateral operation of lithotomy, from a child two years and three months of age; it had had, from early life, manifest symptoms of stone in the bladder. The calculus weighed sixty-five grains.

The second had been removed, by the same operation, from a child two years and nine months old. It weighed eighty-five grains.

Extensive Diffused Tuberculosis.

Dr. Thompson presented portions of lung and pleura, obtained from a patient, 41 years of age, who had died at Blackwell's Island. He saw him two days ago, the patient having been transferred, four days previously, from the workhouse to the hospital. He complained chiefly of great difficulty of breathing, although he was able to lie down. The dyspnœa was accompanied by some pain in the chest. Pulse 97, moderately strong; respiratory movements quick. Percussion yielded hardly any signs; there was a fair amount of resonance, and equal anteriorly and posteriorly, except a slight amount of dulness posteriorly over the left side. Auscultation did not reveal any marked symptoms. The respiratory sounds seemed to indicate consolidation about the apex of the left lung, but there were no evidences of pneumonia, except a small crepitation corresponding to the dulness posteriorly. Inspiration was harsh, however, almost tubular, and like that of bronchitis. He also complained

of the abdomen, having had, as he stated, severe inflammation of the bowels some time previously.

As the patient was very weak, stimulating treatment was resorted to. He slept very quietly during the first night, having very little cough and no expectoration—no mucous râles.

The next day, he suddenly became worse; breathing very rapid; patient very faint, gradually sinking, and died in the evening.

On *post-mortem* examination, the lungs were found stuffed with small disseminated tubercles, all over-hard, and but a few having commenced to soften posteriorly. The peritoneum was found adherent almost throughout its whole extent, and tubercles diffused over the intestines; the whole peritoneum was studded with tubercles; so also were the pleuræ. There was no serous effusion in the peritoneum; the patient had had no diarrhœa.

Fungus of Nipple.

Dr. Rodgers presented a fungous tumor of the nipple, removed from a woman, seventy-odd years of age. It had commenced as a small wart about a year ago, took on ulceration next, and then became fungous. The general health of the patient was good.

Recurrent Fibroid Tumor.

He also showed a tumor, removed from a patient in whom it had been reproduced, a similar tumor having been excised about nine months ago, from the arm, near the insertion of the deltoid muscle. The character of the tumor was fibrous, filled in with large numbers of ovoid cells, with two or three nuclei; the first tumor is stated to have been of a very vascular character.

Spontaneous Gangrene.

Prof. Post presented a specimen of spontaneous gangrene of the foot, for which amputation of the leg had been resorted to. It occurred in a woman, forty-eight years of age, who, five months ago, had had an attack of typhoid fever, recovery from which was slow. About two months ago, spontaneous gangrene first appeared at the toes of one extremity, soon extending and involving nearly one-half of the foot. A line of demarcation formed two weeks ago, nearly around the foot. As the patient suffered much, it was thought advisable to amputate, and the operation was consequently performed by the long posterior flap method.

A remarkable feature of the operation was the absence of hæmorrhage from the flaps. The retractor even became hardly soiled; the peroneal artery could not be seen, the anterior and posterior tibial, however, were tied. No bleeding vessels were observed, though the parts were exposed for some time, and tourniquet loosened. Dr. P. considered this an unfavorable symptom. The stump is now very painful, and the prospect not very favorable. The pulsation of the femoral artery on that side was very feeble; there was no movement of the ligatures. No heart disease could be detected; no murmurs, no calcification of the arteries.

Dr. Neumann referred to a case of spontaneous gangrene of Dr. Hutchinson, in which amputation was resorted to, and where there was a total abstinence of hæmorrhage, not even the femoral artery bleeding. There was occlusion of the artery. The patient died in three days.

NEWARK (N. J.) MEDICAL ASSOCIATION.

(PROCEEDINGS OF MARCH MEETING.)

Discussion on Diphtheria.

Dr. O'Gorman, by appointment, opened the discussion on diphtheria.

The disease, although it bears a modern name, is not a new disease. Authors on the subject generally agree that the descriptions given of severe epidemics in the 16th, 17th, and 18th centuries, by Spanish, Italian, and other writers, under the names, "garotilla," "morbus garotillus," "morbus strangulatorius," "gangrenous, or putrid sore throat," etc., was the same disease to which Bretonneau, in 1826, gave the name, "Diphtheritis, or *angine diphthérique*," and which English authors have described under the name, "*cynanche maligna*, or *membranacea*," which at present we call *diphtheria*, a word signifying a membrane, and applied to the disease on account of a membranous exudation which makes its appearance in the fauces, mouth, and nares, and in the very great majority of cases is pathognomonic.

In opening the discussion, it was not his intention to go into a minute and extensive history of the disease and its pathology, but he would limit his remarks to a few suggestions as they occurred to him from observation in his practice. For all practical purposes, diphtheria may be assumed as appearing under three forms: 1. simple diphtheria; 2, diphtheria with complications; 3, malignant diphtheria.

Simple diphtheria, ordinarily, is very mild. Small membranous exudations make their appearance in the fauces, on the tonsils, nares, unaccompanied by the high fever, and that extreme anæmia and prostration, which characterize the other varieties. This form of the disease generally passes away in three to four days. During the last year, in a school of 100 pupils, he had treated at least 40 who were attacked with this mild form.

In the second form, diphtheria with complications, the diphtheritic deposit is not only more abundant, but from the nares, tonsils, and fauces extends into the larynx and trachea; it is a more fatal form, and in his experience, but one case recovered.

The third form, *diphtheria maligna*, might best perhaps be illustrated by a case, which was observed about a week ago. On Saturday night, a young man commenced to complain of slight soreness of the throat and a little fever, not sufficient, however, in his own estimation, to call a physician. On Sunday, he was able to eat his meals as usual, though feeling slightly worse, still it was thought unnecessary to seek medical advice. When Dr. O'G. saw him on Monday morning at 10 o'clock, the patient was moribund. Pulse 140, soft, and weak; skin of a dark and mottled tinge; respiration 120; great apathy, and he could be roused with difficulty. On examining the throat, the fauces, tonsils, and velum palati were found covered with diphtheritic deposit, of a dark color, the membrane hanging down in shreds. He soon died.

In addition to these three forms of diphtheria, he met with it in the course of other diseases. In a case of puerperal fever, the deposit appeared on the tonsils on the third day, and in two days the patient died. The condition of the pulse and of the abdomen did not warrant so speedy a fatal termination of the case from pure puerperal fever, and he could not but ascribe it to the influence of the diphtheritic poison. It is stated by some authorities to occur as a complication of measles and small-pox, but he had never met with such a case in his practice.

The *sequelæ* of diphtheria form an interesting feature. Motory paralysis is the most frequent. The form most commonly met with, in cases under his observation, is hemiplegia; next paralysis of the muscles of deglutition. In one case, it commenced with a sensation of tingling in the limbs, and slight incapacity of using them, gradually increasing until the paralysis was complete. In another case, the paralysis was entire, extending from the feet upward over the whole body, involving the muscles of respiration, so that finally the act of respiration seemed to be performed by the muscles of the neck alone, which drew the thorax up as if by pulleys, and paralysis of deglutition becoming complete, the patient died.

A sequel frequently observed, especially in adults, are hæmorrhages, more or less copious, from the various passages; the bleeding sometimes amounting to pints and quarts.

Pneumonia may be described as another common sequel, or perhaps, complication of diphtheria, lobular in its form, and frequently accompanied with extension of the diphtheritic deposit into the ramifications of the bronchi.

Deafness and loss of *vision* form another variety of sequelæ.

Some three or four summers since, a form of fever prevailed somewhat extensively in this city and neighborhood, which he was inclined to call *diphtheritic fever*. It is characterized by a somewhat accelerated weak pulse, great prostration, and some diphtheritic deposit, accompanied, in many cases, by frequent bloody discharges and tympanitic abdomen. Cases prevailed in various districts of the town, and other physicians had expressed views similar to his own. These cases were very fatal.

Treatment. Regarding the treatment of diphtheria, it must be of a sustaining character throughout. He had little faith in local medication, but relied on the internal use of quinia, iron, chlorate of potassa, and sustaining diet. The disease, in his opinion, was evidently contagious; the liability of an attack, however, diminishing with the advance in years, and peculiar individual liability influencing its contagion.

When the disease was at first described, it was thought by many to be only a form of scarlatina, and when it first made its appearance here, he was somewhat inclined to take this view. But since then, he had seen sufficient distinctions. In scarlet fever, the deposit and swelling of the throat, even if severe, very seldom, hardly ever appear until after the third or fourth day of the fever; while in diphtheria, the fever and enlargement of the glands appear simultaneously, or the enlarged glands and deposit may even precede the former. There is also a marked difference in the duration, and particularly in the sequelæ of the two diseases. Suppurations, œdema, and dropsy are common in scarlet fever, but he never met with them in diphtheria; and on the other hand, the peculiar sequelæ of the latter are never observed in scarlet fever. There can be no doubt, however, that the malignant form of diphtheria bears much resemblance to the malignant form of scarlatina, and this may be explained on the theory that both diseases are due to a blood-poison, intense and rapid in effect, and acting in a manner somewhat analogous.

Dr. J. D. Osborn mentioned a case recently under his observation, in which the diphtheritic deposit was around the gums and the cavity of the mouth, but none in the throat or on the tonsils, though the latter were somewhat swollen.

The deposit was quite extensive, and accompanied by considerable fever.

Dr. O'Gorman stated that the diphtheritic deposit was not particularly limited to the fauces and air-passages. He had seen a case of diphtheria complicated with pneumonia, in which a blister was applied over the chest; in 24 hours, it was covered completely with the peculiar exudation. True, he had noticed dhiptheritic deposits to occur on a blistered surface, without general diphtheria, from irritation of the surface, but in all these cases it never occurred, as in this instance, before the fourth or fifth day.

Dr. Woodhull remarked that there were few diseases, of the true pathology and nature of which we know less. When the disease first again made its appearance in this section within the last ten years, his father recognized it as a disease which he had seen in his early practice, and which was then almost universally fatal under the depletory treatment of other physicians, while he soon adopted stimulating and sustaining treatment, with greater success.

What is the cause of the disease? The general answer to this question is that it is a blood-poison. But in what does this poison consist? What is the peculiar *materies morbi?* Is it an animal or vegetable parasite, a morbid exhalation from the body, or a miasm? He had examined two specimens of the exuded membrane, and in both instances detected the peculiar parasite described by Laycock, Bretonneau, and others, as occurring in bad aphthæ—the *oidium albicans.* Some authors believe that the disease is owing to the imbibition of this parasite into the blood. In the diphtheritic deposit of blisters the oidium albicans is also found.

He believed the disease to be produced by a poison in combination with a vitiated insalubrious atmosphere. He was not prepared to say that it was absolutely contagious, but certainly highly infectious. What this blood-poisoning is, we cannot as yet determine, but its effects on the heart, brain, kidneys, are certainly like those of malignant typhus or malignant scarlatina.

A word regarding treatment. Prof. Polli had great faith in the use of the sulphites in all septicæmic conditions, and if they are of any benefit we should certainly expect good results in the graver forms of diphtheria, where an extensive blood-poisoning cannot be denied. The experience of some seem to justify their use, and he was inclined to give them a trial in diphtheria, especially as he had used the bi-sulphite of soda with very good success in bad cases of erysipelas.

He thought he had seen much good from the topical application of hydrochloric acid, and also from its internal use, and was even inclined to think that it had a specific action in changing the mucous membranes to a healthy state in diphtheria. From nitrate of silver he had seen little good effect. In a case of severe diphtheria, occurring in a young lady, which one of the gentlemen present saw with him, the membranous deposit extended all over the mouth, fauces, and tonsils, and there was total disabilility of deglutition. The patient was kept alive by large injections of beef-tea and brandy, and hydrochloric acid (1 part to $\frac{3}{4}$ of glycerine) was applied locally, while as long as she was able to swallow, and after the incapacity of deglutition had passed away, hydrochloric acid was administered with chlorate of potassa. She recovered. The action may be due to the chlorine, which certainly is a great antiseptic.

Dr. O'Gorman had used the bi-sulphite in two cases of diphtheria; in both cases without success. In the first case, the diphtheritic deposit extended from the nares into the larynx, and the patient died. He saw the child, however, and used the remedy before the incursion of regular croupy symptoms. The second case terminated similarly, although here, too, the bi-sulphite had been used almost from the commencement.

Dr. Baldwin remarked, that the success of no treatment, which he had observed, was very flattering. As a general rule, however, we fared best with good nutritious, supporting diet, in mild cases; stimulants, quinine and iron, and some local application containing chlorine, in the graver forms.

In reference to one point alluded to by Dr. O'Gorman, he would state that he had not unfrequently seen it to occur in measles and small-pox; not as a complication, but after convalescence had fairly commenced. In once instance, a patient who was convalescent from small-pox, diphtheria occurred suddenly, and terminated fatally in 24 hours. In a case of convalescence from measles, the patient died from diphtheritic deposit extending into the larynx.

A number of cases of diphtheria occurred during the summer of 1862, in the Ward U. S. General Hospital of this city, in soldiers coming from Harrison's Landing. The exudation was exceedingly abundant, the mucous membrane generally became gangrenous, and the cases ended in death.

The results of antiphlogistic treatment he had never seen, and had no desire of seeing. Regarding nitrate of silver, in strong solution, it had had its advocates; he had seen one case in

which a solution of 80 grains to the ounce was applied. The child died in 20 minutes. In his experience, cases which were not treated locally, seemed to do better than when active topical medication is resorted to.

Dr. Cross had seen the three varieties of diphtheria described by Dr. O'Gorman. The first cases which occurred in his practice made a deep impression on his mind, because they were treated without a distinct diagnosis. It was at the time when the disease first again made its appearance here. The first subject was a delicate female; there were but few membranous patches noticeable, and but slight sore throat. The patient, however, was extremely prostrated, and this led him to resort to stimulants, iron and quinine. She recovered. The next case occurred in a child, and was considered scarlet sore throat, without eruption. Soon, however, a pellicle was present on both tonsils, and the nitrate of silver was applied, he was sorry to say. The disease travelled down the windpipe, and the child died. This was the only case he had ever treated with nitrate of silver. If the nitrate of silver did no harm in itself, it certainly did mischief in children, by the excitement and fright to which the patients are subjected by its application.

Another interesting case had fallen under his observation. The patient was a female child, which he was called to see on account of inability to micturate. On examination the labiæ and vagina were found to be swollen, and covered completely with a dense light-colored exudation, similar to the diphtheritic membrane; the parts being very much swollen, and the retention of urine having been kept up so long that the patient suffered intense pain. Chloroform was given preparatory to introducing the catheter; but the latter procedure was unnecessary, the urine being passed spontaneously under the influence of the anæsthetic. There was no complaint whatever of the throat, or any other local affection, but the general prostration, illness and feebleness of the child was very decided. She recovered under nourishing diet and tonic treatment.

With regard to the cases mentioned by Dr. Baldwin, as having occurred in the hospital, he differed with that gentlemen, as to their being cases of diphtheria. The patients had suffered from camp fever, and the ulcerations and gangrenous condition of the throat he looked upon as resulting from the typhoid condition, loss of vitality, and perhaps a deep scorbutic taint, and not diphtheritic.

Dr. Lehlbach referred to one particulpar point stated by Dr. Cross, namely, the extreme prostration in a case where the local manifestations were but slight. He had suffered from an attack himself, with three other members of his family, during this season, and could bear personal testimony as to the intense feeling of prostration and weakness. In all these cases there was very little diphtheritic deposit. A few patches on one tonsil, and the fauces, slight tumefaction, and pain on pressure of the submaxillary glands of the affected side, with some dysphagia, were all the local symptoms present, while an indescribable sensation of malaise and prostration lasted for four or five days, and then passed off. There was not much febrile excitement, though the pulse was rather more frequent and weaker than normal.

There were many interesting points regarding the pathology and differential diagnosis of diphtheria, but, as the evening had progressed so far, he would reserve his remarks for a future occasion.

Dr. Mills.—If he had understood Dr. O'Gormon correctly, it was claimed that the liability to contagion decreased with advance in years. He would, however, state a fact which seemed to be in contradiction to this statement. A woman, 39 years of age, mother of four children, the youngest recently weaned, was attacked with diphtheria in a very violent form, with extreme prostration; the membrane occupying the pharynx, tonsils, nostrils, of dark, dirty ash color, and the tumefaction so great that she was unable to gargle her throat. He insisted on ordering the children out of the room, but was not obeyed, and invariably on his visits found two or more, not only in the room, but frequently in the same bed with the mother. She recovered, iron being given in large doses, and none of the children took the disease.

Dr. E. P. Nichols alluded to the peculiar effect of the paresis of the deglutatory muscles following diphtheria, giving rise to regurgitation of fluids through the nose, when attempting to swallow, a noticeable instance of which he had seen in the case of the late Dr. T.

☞ We understand that some of the buildings occupied by the late Government Hospitals, near this city, are to be allowed to remain for the present, so as to be used in case of a visitation from cholera this season.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 21, 1866.

A RETROSPECT.

Many times during our connection with the Medical and Surgical Reporter, we have had occasion to draw largely on the good-will of the profession, but never more so than when we announced, last fall, that we should enlarge and improve the Reporter, and raise its subscription price. Our estimate of expenditure for the current year reached the large sum of $15,000, and involved a very material increase in our circulation to enable us to realize the amount. Again, however, we find that we have not placed our reliance on the profession in vain, as we are in daily receipt of convincing proof that they appreciate our enterprize, and are disposed to sustain it. This is made apparent by the fact that we have received an average of about twenty-five new subscribers a week since the first of January last, with every prospect of a much more rapid increase, and by the following exhibit of our correspondence for the four months ending on the 31st of March:

Alabama	3
Arkansas	1
Connecticut	70
Delaware	21
District of Columbia	45
Florida	2
Georgia	6
Idaho Territory	1
Illinois	110
Indiana	98
Iowa	55
Kansas	1
Kentucky	33
Louisiana	1
Maine	36
Maryland	76
Massachusetts	101
Michigan	65
Minnesota	7
Mississippi	11
Missouri	19
Nebraska	1
New Hampshire	17
New Jersey	209
New York	365
North Carolina	8
Ohio	291
Pennsylvania	507
Rhode Island	27
South Carolina	4
Tennessee	40
Utah Territory	4
Vermont	40
Virginia and West Virginia	72
Wisconsin	23
Office Payments	235
Canada West	5
England	2
Ireland	3
Sandwich Islands	1
South America	2
	2618

It will be seen that we have, during that time, received an average of more than twenty-five letters for each working day of the four months, and that, with the exception of Texas, California, and Oregon, every State and nearly every Territory is represented, and these may be under the head of "Office Payments," as the Reporter goes regularly, we believe, to *every* State and Territory.

We trust that this exhibit will stimulate our readers to renewed efforts to extend the circulation of the Reporter, for the larger our constituency, the better able will we be to expend money on the work, and consequently add to its literary value. The *nationality* of the enterprize is also made apparent by the above exhibit, which shows conclusively that in the Reporter the profession has a great national medical periodical, through the medium of which they can communicate with each other from all sections of the country.

AMERICAN MEDICAL ASSOCIATION.

As we announced recently, the approaching meeting of the American Medical Association, which convenes in Baltimore on the 1st of May, promises to be one of the largest conventions of medical men ever held in America. A correspondent asks whether any steps have been taken by which commutation tickets on the railway lines may be procured for delegates. We see no reason why arrangements of this kind should not be made. They are made for political and religious associations, and why not for associations of medical men, who sacrifice much, both in direct expenditure, and in loss of time, for the public good, in attending these meetings. And there is this difference between the delegates to our medical conventions and to religious and political conventions. A medical man has to pay all his own expenses, and is, besides, subject to considerable loss in fees while absent from his business. On the other hand, a large proportion, if not most of the delegates to our religious and political conventions are salaried men, whose income is little, if at all diminished by their absence from home; and, besides, their expenses are generally paid by the bodies which they represent.

It is a peculiar and unmerited hardship to our profession, and a disgrace to our railway corporations, that we should be denied a privilege that is so freely granted to others; and we cannot help feeling that if proper representations were made in the right quarters, commutation tickets could be procured. Is it too late now for the

Committee of Arrangements to take some action in the matter, if they have not already done so?

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VII.

Diarrhœa, Dysentery, etc.

Much interesting material has been collected regarding the pathology and treatment of this class of diseases. The origin of the diarrhœa and dysentery of troops is to be sought in no one condition, but in the coöperation of several, each of which should be the subject of hygienic precautions. The scorbutic taint, dependent upon camp diet, is mentioned as one by Dr. Woodward; malarious influences form another; while overcrowding and filth of camps and barracks, the heat of summer, the exhaustion and fatigue of campaigns, and the use of water containing saline or organic impurities, add to the list.

That the scorbutic taint forms one of the main causes of diarrhœa, as observed among the troops during the late war, few will deny who have seen the disease as it occurred in the field. It may be objected that true well-defined scurvy has not occurred in such ratio as to justify us in assuming a general scorbutic taint to have existed among the troops; yet the experience of regimental medical officers, in spite of the low rate of actual scurvy reported, will bear us out in the assertion, that a restricted, "*monotonous*" diet in camp or field, sustained by the troops for any length of time, with the use of hardly any vegetable constituents, has *always* been followed by a large increase of cases of diarrhœa and dysentery, and while the rate of this class of diseases, as reported, is astounding, it must be remembered that thousands upon thousands of cases never were entered upon the reports, the patients not being "*off duty*." Indeed, if medical officers had excused every patient suffering from diarrhœa, at times probably only one-tenth of the army would have been available for duty.

Diarrhœa was the army disease. During the warm season, when troops were lying in camps, after long marches or exhaustive campaigns, if one inspected the sinks of the troops, a good, sound, healthy, solid, or even semi-solid stool was a *rara avis*, and one could form an estimate of the prevalence of diarrhœa without looking at the sick reports. That the want of fresh vegetables was a main cause of this state of things was repeatedly shown, when this want was accidentally supplied—as, for instance, after the terrible Gettysburg campaign, when as soon as the blackberry crop which in that part of Virginia, where the Army of the Potomac then operated, was most abundant, became available—and at once began to show its effects in the improved health of the troops and the rapidly diminishing number of diarrhœa cases.

Bad cooking, too, when the dietary causes of this class of diseases are mentioned, must not be overlooked. The circumstances and exigencies of campaigns rendered it often entirely impracticable to enforce cooking by companies, and often for months each soldier was obliged to cook for himself. If he was well supplied with cooking utensils, he had a pint cup for water, which served to cook coffee in, and another cup, somewhat larger, in many cases an old preserved-fruit can, in which his beef, his pork, his beans, his rice were cooked, if he had them, and perhaps he owned a share with ten others in a frying-pan. The only time frequently available to cook dinner would be after arriving late in the evening at a halting place, and then he would boil his beef, just slaughtered and still warm, for as short a time as possible, to get a night's rest for an early start in the morning. The result was that the supplies of camphor and opium pills in the field companions, or hospital knapsacks, would be exhausted with alarming rapidity, and that, when the troops arrived at some more permanent camp, there would be no end to the cases of diarrhœa which presented themselves at sick-call in the morning. Then the morbid craving of nature, after a monotonous diet of hard bread, pork, and beef, would induce the soldiers to flock to the sutler's tent, where everything unwholesome could be found, and very little conducive to healthy alimentation. Canned fruits, miserable cheese, antedeluvian ginger cakes, mouldy with age, fruit cake that might have been rammed into a gun and fired at the enemy in a case of emergency, sausage of most doubtful constituency, were gulped down in fearful quantities to satisfy this morbid craving, and we speak with a full knowledge of the truth of the statement, when we say that *bad cooking* and the *sutlers* are responsible for thousands of deaths from diarrhœa. None can be more fully impressed than we are with the utter impossibility of any commissary department in the world, however willing to do its duty, and however efficiently organized, to keep armies in full supplies for proper alimentation, under circumstances and campaigns such as have characterized the operations of our armies. But still, in many instances there was neglect, and such neglect as interfered

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

seriously with the efficiency and *morale* of the troops. The organization of the commissary and sutler's departments was calculated for the peace footing of the army before the war, and in consequence could not but be deficient in its working, when the duties of a gigantic war were thrown upon it.

We have made this digression, not in any spirit of fault-finding, but simply to illustrate another of the important causes of the large prevalence of the diseases under question, which does not strictly perhaps belong to Dr. Woodward's present report, though it will, we have no doubt, be amply discussed in the full medical history of the war.

In our next, the subject will be resumed.

HYGIENIC EFFORT in NEW YORK CITY.

The public, and more especially the medical profession of the country, are just now watching with eager interest the attempt at hygienic reform in that Paradise of filth and disease—New York city. After a long and weary struggle against the politicians and the "rings," the friends of hygienic reform succeeded in obtaining from the New York Legislature a Commission, composed partially of medical men, which is clothed with power to abate nuisances prejudicial to health in the city of New York and environs.

That commission has entered on its work with a vigor and determination worthy of the cause. Clothed with extraordinary powers, with a corps of physicians as inspectors, and a thoroughly organized and efficient police to enforce its mandates, it starts under peculiarly favorable auspices. It has a great work before it. In the prosecution of its object, it must collide with large and powerful moneyed interests, and must expect to meet determined and vigorous opposition from interested persons of perhaps considerable influence. But to offset this, it has the hearty sympathy of the people, and the cordial support of a powerful, all-pervading, press. These are auxillaries of no mean importance.

Disease has long revelled in the streets and alleys, the shanties and tenements of the metropolis, almost unmolested. "Unmolested," did we say? We should have said that it has been encouraged and fostered. And now, hovering near is that dreadful visitant, the cholera, ready to add its awful presence to the typhus and its kindred. The Commission has a great field and a great opportunity, and their action is well regarded not of mere local import, but of a somewhat national character. If it succeeds in preventing disease, to a great extent, and in lessening the rate of mortality, the example of New York will probably be copied by other cities. We bid them God speed in their formidable undertaking.

Notes and Comments.

The Cholera.

The country was startled on the 10th inst., by the announcement that the emigrant steamer, England, on her passage from Liverpool to New York, had been compelled to put in at Halifax to seek medical aid, having had on the passage 160 cases of cholera, and 50 deaths. She now lies below the lighthouse at Halifax, and every precaution is taken to prevent the spread of the disease. The passengers are mostly Irish and Germans, and the captain thinks the disease was brought on board by the Germans.

Tracts for the People on Hygiene.

The threatened visitation of cholera to our country, has had the effect of inducing the authorities of our larger cities to do more or less to prepare for its reception and mitigation, by adopting proper hygienic measures, and by diffusing information among the people in regard to the proper means for preventing it, and managing it, if it should appear.

We have before us a tract by Dr. Snow, Superintendent of Health, of Providence, R. I., entitled, "Causes of Sickness in Dwellings." It is a four-paged tract, and is No. 2, of a series of "Tracts for the People." The hygiene of the different parts of the dwelling house is plainly and effectually set forth, and must be productive of much good. We trust that information of this kind will be widely diffused by our authorities, in all our large cities, and throughout the country. It will be found to be the best economy to spend a little money in this way, and it should be constantly done, and not merely on such occasions as the present. Dr. Snow is also having a thorough sanitary inspection made of the city of Providence. The same is being done also by the officers of Health of most of our large cities.

In this connection we would take occasion to call attention to the great difference between the true physician, who by diffusing information among the people, and recommending proper sanitary measures is endeavoring to prevent the appearance of cholera, and the miserable ghouls whose sickening and panic-producing advertisements of cholera specifics, in letters an inch long, disfigure the majority of our newspapers. Advertisements of this kind, we are sorry to say,

form no small portion of the reading of too many of our religious newspapers.

Books, &c., Received.—Descriptive Catalogue of Fluid and Solid Extracts in Vacuo; also, Concentrations and Officinal Pills, prepared by Henry Thayer & Co. With Formulas and Receipts (Recipes?). This elegantly got up book is intended, we suppose, chiefly as an advertisement for the manufacturers, but it contains much that will be found very interesting and useful to the physician.

Communicate with Henry Thayer & Co., Cambridge, Mass.

Correspondence.

DOMESTIC.

Lime Inhalations in Diphtheritic Affections.

Editor Medical and Surgical Reporter:

I am glad to meet with the *criticisms* of your correspondent, Dr. T. A. Reamy, upon my letter that appeared in the Reporter of March 10th, because that by discussion truth is oftentimes elicited, and important facts are thus brought to the notice of the profession, which, otherwise, might remain a long time in oblivion; and because it affords to me an opportunity of stating more specifically the nature of the lime treatment, my method of using it, and the reasons why I was led to adopt it. The letter referred to, was written in a hurried manner, and did not contain a full report of the case, and was not intended for publication, as I stated to you at the time, but simply as further confirmation of the lime treatment, as recommended in the communication that accompanied it, and which is published in the Reporter of March 24th, but the correction of a small error made by the "compositor" will, I think, lead the doctor to agree with me that I was not mistaken in my diagnosis of the case.

I wrote,—"the boy had been exposed on last *Thursday*, (that very cold day which will be remembered by us all,) and at night was taken with hoarse cough, and fever," etc. The compositor has it "last *Saturday*," which makes a difference of two days, and I know that the doctor is not prepared to assume that "spasmodic croup," which he seems to be very sure the case was, would last, accompanied with fever and hoarse cough, and the patient confined to bed for three days, which was really the length of time my patient was sick, before I visited him.

And the doctor will certainly not charge me with recommending the lime inhalation, as a *specific* in diphtheria and membranous croup, when he mentions in the same connection the fact, that I used "hive syrup, calomel, rhubarb," etc. I was aware of the objection, that a comparatively new treatment in a disease so formidable as the one under consideration, would meet in the minds of physicians. And in the same letter stated in language similar to that used by your correspondent: "That I had frequently employed new remedies in the treatment of disease which had been recommended by others with great confidence, but that in my hands I had often been disappointed in obtaining like favorable results," and that, I feared that others would regard my recommendations with like distrust, and hesitate before adopting the treatment, which was more particularly given in the communication that accompanied my letter. And it was only after having given the treatment what I regarded "a fair trial," that I felt warranted in presenting the matter through your columns to the consideration of the profession at large.

Although I have read the article which appeared in the Reporter of Sept. 9th, taken from the *Brit. and For. Med. Chir. Review*, in which favorable report was made of several cases successfully treated by lime inhalations; yet the mode of applying the treatment was so vague, that I could not see in what way the lime was brought in contact with the membrane in the air-passages to dissolve it, and did not attempt to use it, although at the time an epidemic of diphtheria was prevailing in this city.

In Wood's *Practice of Medicine* we find it also stated, in speaking of the nature of the false membrane in pseudo membranous croup, that it is dissolved by alkaline solutions, and strong acetic acid, and in the treatment, that alkalies have been administered and were strongly recommended by some writers, supposing that they would have the power to dissolve the secreted membrane, as they are known to do out of the body. That at one time they had obtained quite a reputation, but have since fallen into neglect.

After having obtained the false membrane expectorated by the boy, John Wills, I placed a portion of it in lime water, and found that it dissolved very readily, and then felt satisfied that if some method could be devised to bring the lime in contact with the membrane in the windpipe that it would dissolve it there; my ingenuity was put to the task to discover some means by which this desired object would be accomplished.

I obtained some unslacked lime, and placed it

in a vessel, and poured upon it first cold water, and upon inhaling it could discover no effects.

I then poured over another portion *hot* water, and inhaled the stream arising from it. After inhaling it a few moments, I could distinctly feel in the air passages, the smarting action of the lime, and determined to try the effects of the lime inhaled in this way in the next case of diphtheria, or pseudo membranous croup, occurring in my practice.

In this process, the steam arising from the lime in slacking, contains in it particles of lime which are thus by inhalation brought in contact with the membrane in the windpipe.

I have used it in this way, and so have others with the results already reported to you, and also at the same time have administered lime water internally; I must confess, rather more *empirical*, than *rational*, but with the hope that it would have some influence in preventing or arresting the formation of the membrane.

Dr. A. Shuleck of this city, and one of your subscribers, reports to me this morning two cases of pseudo membranous croup successfully treated by the lime inhalations, and it is to be hoped that in its further trial by the profession, it will prove to be a valuable remedy, but it is not claimed as a *specific* in the treatment of these heretofore unmanageable diseases.

Truly yours, A. Geiger, M. D.

Dayton, Ohio, April 6, 1866.

News and Miscellany.

Pension Examining Surgeons.

The following are recent appointments:

Iowa—Dr. French, Davenport; Dr. Denny, Nashua.

Dr. Woodman, of Michigan, and Dr. Hodges, of Indiana.

—— Dr. Conolly, perhaps the most eminent consulting physician in insanity cases, died recently in England. He was chief consulting physician to the Hanwell Lunatic Asylum and the Asylum for Idiots. He was the author of various works in connection with the subject of his studies, but will be best recollected by the general public by his curious article, published not long since, "On the Madness of Hamlet," a paper evincing great thought and which evoked considerable discussion.

—— Dr. Winship, of Boston, now weighs one hundred and sixty pounds, is thirty-two years of age, and can lift a ton and a quarter.

—— *Charivari* has a picture of the cholera, as a horrible spectre, rousing the slumbering International Commission by a fierce attack.

MARRIED.

Lehlbach—Sautermeister.—On the 12th inst., at Newark, N. J., by Rev. Fred. A. Lehlbach, Dr. Charles F. J. Lehlbach and Miss Emile Bertha Sautermeister.

Brooks—Ramsey.—On Tuesday, March 27th, in Chelsea, Tenn., at the residence of the bride's father, Dr. Frank A. Ramsey, of Memphis, by the Rev. Dr. Hines, rector of St. Mary's church, Almon Brooks, M. D., and Miss Mary A. Ramsey.

Kissam—Eacker.—In Brooklyn, April 4, at the residence of the bride's parents, by Rev. Hugh S. Carpenter, Daniel W. Kissam, M. D., and Carrie M., eldest daughter of John H. Eacker, Esq., all of Brooklyn.

Richardson—Symonds.—In Marlow, N. H, April 4, 1866, Dr. A. P. Richardson, of Walpole, N. H., and Sylvia F. Symonds, of Marlow.

Rowland—Kingsbury.—On the 11th inst., by the Rev. Andrew Longacre, Mr. Harvey Rowland, Jr., and Miss Emily B, eldest daughter of Dr. C. A. Kingsbury, dentist, all of this city.

Sanford—Cutler.—April 11th, by Rev. Dr. Bacon, Dr. Leonard J. Sanford and Miss Anna M. Cutler, all of New Haven, Conn.

DIED.

Brown.—In South Reading, Mass., April 6, Dr. J. G. Brown.

Conant.—In Brooklyn, N. Y., April 11th, John C. Conant, in the 13th year of his age, son of Dr T. J. Conant.

Hubert.—In this city, on the 8th of January last, of scarlet fever, Harry Hubert, aged 23 months. On the 12th of January last, of scarlet fever, Eugene Hubert, aged 3 years and 6 months. Also, on the 8th inst., of typhoid fever, Victorine Hubert, eldest daughter of Dr. Charles and Virginia Hubert, in the 14th year of her age.

Lassing.—In New York, at the house of her son, Dr. H. Lassing, on Thursday, April 12, after a long and painful illness, Mrs. Gertrude H. Lassing, in the 72d year of her age.

Mack.—At Kankakee, Ill., April 3, the Rev. W. B. Mack, father of Dr. A. W. Mack, of the *Chicago Republican*, aged 69 years.

Sickler.—At Carpenter's Landing, N. J., Ivy Sickler, infant daughter of Dr. J. R. and E. L. Sickler, aged 2 years and 8 months.

Stevens.—In this city, on the 8th inst., after a short illness, Henry Hart, son of Dr. A. H. Stevens, aged 22 years.

Wade.—At his residence, Brooklyn, L. I., on Thursday, April 12, T. Anderson Wade, M. D.

Wetherill.—In Lambertville, N. J., on the 11th inst., Dr. Wilfred H. Wetherill, late of the United States Navy, aged 22 years and 16 days.

ANSWERS TO CORRESPONDENTS.

Dr. A. H. H., St. Clairsville, Ohio, and others.—The "Caoutchouc Bag of Hervez," the common gum bottle, recommended by Meigs as a pessary, cannot be obtained.

Dr. L. D. W., Messengerville, N. Y.—We can send you Churchill on Diseases of Women, by mail. The price is $4 in cloth, or $5 in leather binding.

Dr. S. C. E., Orillia, Canada West.—Ziegler on Nitrous-oxide, sent by mail, April 10th.

Dr. L. S., Washington, D. C.—Turnbull on Nervous Deafness, sent by mail, April 14.

Dr. W. S., Noblestown, Pa.—Turnbull on Defective and Impaired Vision, and do. on Nervous Deafness, sent by mail, April 14.

Dr. G. I., Aledo, Ill.—The same works sent by mail, Apr l 16.

METEOROLOGY.

April,	2,	3,	4,	5,	6,	7,	8,
Wind	N. E.	S. W.	S. W.	S.	S.	N. E.	N. E.
Weather	Cl'dy, Rain.	Clear.	Clear,	Clear. Heavy Fog.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Snow & rain.
Depth Rain	1-10				3-10		9-10
Thermometer.							
Minimum	36°	38°	40°	47°	57°	43°	34°
At 8 A. M.	45	47	51	54	65	43	36
At 12 M.	47	56	62	65	77	45	37
At 3 P. M.	44	55	63	70	79	46	36
Mean	43.	49.	54.	59.	69.50	44.25	35.75
Barometer.							
At 12 M.	30.3	30.3	30.3	30.2	30.1	30.2	30.1

Germantown, Pa. B. J. Lzedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 478.] PHILADELPHIA, APRIL 28, 1866. [Vol. XIV.—No. 17.

Original Department.

Communications.

SOME NOTES ON ARROW-WOUNDS.

By Elliott Coues, M. D., U. S. A.

During a residence of more than a year in the interior of Arizona Territory, as Surgeon of a United States Post, (Fort Whipple,) at a time when both our civil and military force was in incessant warfare with the hostile Apaché Indians, the writer had numerous cases of arrow-wounds under his care, in private practice as well as in the line of official duty. As reports of injuries of this sort are by no means often brought into general notice, to the following desultory notes of wounds produced by the peculiar stone-headed arrows of the Indians just named, some little interest may possibly attach.*

The Apaché arrow consists of a light tough reed, nearly or quite three feet long, at one end tri-feathered and slotted for the bow-string in the usual manner, and painted with some emblematical red and blue waved lines. Into the distal extremity is inserted a short and slender, but stout piece of firm wood, some eight or ten inches long, hardened and straightened in the fire, and thickly besmeared with a black gummy substance.

The head is apparently a small and trifling affair, compared with the results it is capable of producing. It is made from some species of quartz, chalcedony, obsidion, etc., and is always either white or black in color. It is an inch or somewhat less in length, by about a third of an inch in greatest width; in shape a narrow isosceles triangle. It is quite uniform in size and shape. I think I never saw one much over the dimensions stated. It is very thin, and its apex is chipped to an extremely fine point. Its sides have usually three, sometimes only one or two jagged notches near the base. Its bulbs are generally long and sharp. The base is notched where it rests on the shaft. In the end of the hard-wood shaft just described is a slight notch, actually not so deep as that which receives the bow-string; on which is dropped a little very tenacious gum; and then the stone-head is lightly pressed into place. There is no projecting handle for insertion into the wood. No thongs or wrapping of any sort are used; and so frail is the connection between the head and shaft, that the Indians themselves are obliged to carry their arrows with great care.

The bow is a large strong one, four to six feet long; almost straight to near either end, where it is abruptly much curved.

It will be seen that this weapon, the injuries from which we are to notice, is quite a different affair from the short, stout, heavy arrow, with a large and long triangular, or somewhat diamond-shaped soft metal head, bound by sinews to the shaft, used by the mounted Indians of the plains; although they agree in the respect, that both make very ugly wounds. I do not think that the penetrative force of the Apaché arrow equals that of the Comanché or Navajo. The characteristics of the Apaché arrow-head are essentially these: 1, its minute size; 2, its jagged edges and angles; 3, its extreme friability; 4, its very ready separation from the shaft; 5, its probable poisoning in some instances.

Case. Illustrating consequences of minute size of arrow-head. Arrow horizontally entered outer aspect of thigh of a large muscular man, its wide axis parallel with fibres of m. vastus ext., severed profunda or one of its larger branches; hæmorrhage to fainting, and repeated. Saw patient three hours from reception of injury; after he had ridden, supported on either side, for five miles. He had pulled out the shaft immediately upon being struck. Very moderate swelling or increased heat of limb. Orifice of entrance a simple slit, 3–10ths of an inch long. By no amount of delicacy and patience in the manipulation of a small silver probe, with the limb in various positions, could the former be introduced more than about an inch. Head consequently undetectable, and therefore unextractible. Expectant treatment necessitated; nothing special

* For a very elaborate memoir on arrow-wounds, see Dr. G. H. Bill, U. S. A., in the *Amer. Jour. Med. Sci.*, for Oct., 1862, p. 365; and compare nature of wounds by the strong, large, metal heads of the Navajos with those indicated in this paper.

to be done beyond ordinary constitutional care. The tumefaction rapidly abated; and the wound closed completely in a few days. No abscesses, or unusual amount of irritation from presence of stone; but the limb was weak and practically useless for several weeks. Two months afterward, the patient could *feel* the head on the inside of the thigh, close by the femoral; and motion, especially horse-back exercise, increased the vividness of his intelligent impression that there it was; although it was not to be detected by surgical palpation. It has already, or doubtless will be hereafter extracted by cutting in a manner not widely dissimilar from that for the operation of tying the femoral near the apex of Scarpa's triangle. This case is so well expressive of the essential characters of several others that fell to my lot, that they need not be here detailed. I soon learned to regard the innocent-looking little slit with anxious doubts of its directing me to the cause of it, when I saw it parallel with muscular fibres.

The above described kind of injury is evidently as near a "punctured" wound in essential characteristics, as can well be made by any *edged* weapon.

The jagged edges and sharp angles of the head, do not seem to be, at least in their effects upon muscular tissue, as pernicious as they are malevolent in appearance. They certainly must decrease rather than aid the penetrative force of the arrow; and the amount of laceration they are capable of producing is by no means a serious complication. I have thought indeed in some instances, that this degree of laceration was the reverse of deprecable; affording more facile entrance to the probe, and afterward more ready exit to the inevitable pus.

At the same time, the effect of these notches and angles is of importance with reference to the chances of the encysting of heads which cannot be traced and extracted. As might be expected, it is exceedingly rare that these sharply triangular and jagged bits of stone excite so little disturbance that the encysting process can be accomplished. This can only take place under some peculiarly favorable circumstances, as to position, etc. The irritation is almost invariably sufficient to excite suppuration; consequent abscesses, (unless the wound is very open;) and thus a gradual working of the head toward the surface; this "pointing" being often at a considerable distance from the place where it might have been expected. It is only rarely, I think that the head works out, *retrorsum*, along the track of its entrance.

The extreme friability of the head produces results which must be taken into consideration, as one of the most common and troublesome features of the wound. When the head impacts on bone—and it generally traverses soft tissue till halted in this way—the chances of its shivering into bits vastly preponderate over the probability of its becoming fixed or glancing.

Case. Arrow-head struck under edge of malar, rasped off some periosteum, shivered as it glanced downward, and over twenty minute fragments, (in addition to two or three large ones extracted,) came away gradually from the fat and muscle lying under this bone.

Case. Arrow-head struck transverse process of eleventh dorsal vertebra; shivered; fortunately without glancing into the thorax. Three large pieces extracted immediately. Numerous smaller fragments came away in the suppuration.

Case. Arrow-head struck inferior angle of scapula. A large piece was at once extracted, which represented the whole of the head except about a fourth of an inch of its apex, which was firmly fixed in the bone. As this bit would not have been extractible except by much cutting, and then prying and wrenching, I somewhat hesitatingly allowed it to remain; possibly an injudicious procedure, although warranted by the result. The wound closed completely in about two weeks, and there were not, at least during the several subsequent months that I was with the patient—any unfavorable symptoms.

The above cases could be multiplied, but are sufficient for my present purpose. It will be evident that we need not be afraid of a little judicious audacity in the division of muscular tissue, while cutting a way for our forceps, since the enlarged orifice is favorable, if not indeed necessary, for the ready discharge of pus as well as of quartz débris. This same indication, so important to be fulfilled must also govern all subsequent dressing of the wound. *Dress openly;* better not dress at all, than occlude the orifice. Particularly be careful that subjacent tissue is sound, before allowing integument to reunite.

Occasionally an arrow-head will neither shiver nor impact; but on striking bone in an exposed situation, *e. g.*, tibia, ulna, etc., will rebound with great force. *Case.* Head struck middle of outer aspect of ulna, and rebounded. Resulting injury more of an ulcer than anything else. A scab rapidly formed; seeing which I merely protected it from friction by the clothes, and it "got well itself" directly.

So frail is the connection between the head and the shaft, that in all my little experience, I

never saw or heard of an instance in which the former was removed on pulling out the latter. I do not see very well how it can occur, provided the head be buried beyond its barbs. For the matter of that, as the shaft produces ordinarily next to nothing of the sum total of injury, we may regard the missile as practically consisting of the head alone. The shaft is almost invariably seized and jerked hurriedly out by the patient at the moment of being struck. The not the less comical because painful sight of a man thus porcupinized rarely falls to the surgeon's lot, unless he is verdant or unlucky enough to get mixed up in a bush fight himself. But we must receive with great caution all opinions expressed by the patient, to the effect of his having withdrawn the head or even the whole of the shaft; for in the flurry of the moment, he does not examine what he so hurriedly pulls out; and the head he found in his clothes and presents triumphantly in proof was just as likely detached from some other arrow, which had not force to penetrate further. Again, his frantic wrenching at the stick may break off a portion of it inside. We cannot examine the wound too thoroughly before making a diagnosis. Let the following most interesting, and decidedly most mortifying case, which occurred in my private practice, exemplify these remarks.

Case. J. Blank, young and vigorous and moderately muscular subject. Arrow entered muscles on side of back of neck, and coursed downward and forward. The head was plainly to be felt just below the clavicle of the same side. The patient stated he had pulled out the shaft immediately on being struck, some twelve hours previously. Only experienced pain when my finger pressed on the head. Feeling the latter so plainly, in front, under the clavicle, and apparently only about half an inch deep, it by no means occurred to me to stick a probe into the wound some six inches or more, for the sake of feeling it from behind; but I at once prepared to extract the head. Seated on a stump, and my patient on a barrel in front of me, the heat and flies intolerable, and only a soldier to assist, I cut carefully down upon the head by an incision parallel with the under edge of the clavicle. I found it lying on the first rib, *between it and the subclavian artery*, which latter had been somewhat shoved aside, but luckily quite uninjured. The artery was directly under my finger, and I think I could have tied it in the last portion of its course, by slightly enlarging upon the operation. I extracted about three-fourths of the head in one large piece, and afterward nearly all the rest in another smaller fragment; a little bit however, was left in, as I could not readily find it, and no one cares particularly to poke about with a probe in the supraclavicular triangle. A great deal of pus had followed my reaching the head with the knife; the axilla was padded and strapped tightly in view of possible abscesses; and the wound dressed openly, trusting that the fragment would come out with the suppuration; as indeed was shortly afterward the case.

But still the cut I had made continued to discharge inordinate quantities of pus. The original wound meanwhile quite healed; while the cut whence the head was extracted assumed gradually the characters of a fistula and showed no signs of closing. The patient became weak and emaciated, with considerable hectic fever, though at no time confined to his bed. Serious and distressing pulmonary symptoms had come on, chiefly indicating abscess in the chest. The patient not being under my charge except for a few days immediately after the operation, I only saw him occasionally and accidentally, and therefore cannot give more detailed notes than the above. Meeting him one day, I was surprised to learn that a piece of the shaft of the arrow, about three inches in length, had been extracted from his chest, far into which it had gradually worked. At the time I operated, it must have been lying in the muscles of the side of the neck. Simple introduction of the probe from behind would have revealed its presence and saved the poor fellow much suffering, and myself much mortification; as it could have been drawn out with the utmost ease then, had I had an idea of its presence.

"Do the Apachés poison their arrows?" is a question often asked me; and it is currently reported that they dip the heads in a deer's liver, after forcing a rattlesnake to bite it, and then allowing it to putrefy. I reply most unhesitatingly that as a general rule they *do not;* no other than the consequences of mechanical violence following in the vast majority of instances. Still I cannot affirm that such is never the case; witness the following case, in which it is difficult to account for death except upon the supposition that some toxic agent complicated a simple wound.

Case. Private G. S., Co. F. 5th U. S. Inf. Arrow-head entered the muscles of the back, just over the lower part of the shoulder-blade; passed very obliquely upward and a little inward, chipping a bit off the scapular spine. The orifice of entrance was very small, and rounder and more jagged than usual. A probe passed to its full length readily enough, but no foreign body could

be felt by it. The man was positive that the head had come out when he drew the shaft; a statement, however, to be regarded as very problematical. He complained most of pain in the muscles of the side of the neck, which was swollen and stiff in about the locality to which I had been able to pass the probe. No suspicious substance could be detected after careful palpation; and a simple expectant plan of treatment was forced upon me. The wound soon began to suppurate profusely; the discharge at first tolerably "laudable," but quickly changed to a thin, ichorous, reddish-brown fluid; mixed with which was a considerable quantity of almost pure, very dark, clotted blood; and later, shreds or masses of apparently disintegrated tissue. The orifice was enlarged; and every precaution taken to facilitate discharge and prevent abscesses; nevertheless, they began to form rapidly, and at points down the back more and more remote from the original seat of the injury. These were evacuated as soon as detected. The patient began to rapidly sink under the profuse discharge; anorexia, insomnia, vomiting, diarrhœa, and an excessively irritable and desponding state of mind, successively made their appearance; in the latter stages there was considerable delirium; and finally, in spite of all that could be done for him, he died comatose, about three weeks after receiving the injury.

Autopsy revealed that all the muscles of that side, from the occiput nearly to the hip, were in a state of disintegration; dark-colored, soft in consistency, looking in fact much like decaying liver, and having an exceedingly offensive odor. The arrow-head could not be found, after a most diligent search. It had not penetrated the thorax, nor yet had it worked into the abdominal cavity; for the parietes of both were intact. To this day the exact course of the arrow, and why it should have produced such anomalous results remain a mystery to me. But I can affirm positively that the injury which proved fatal was confined to the muscles of the back; and the sum total of its immediate effect that described above.

The constitutional disturbances following these arrow-wounds, even when the injury is confined to bone or muscle, are liable to be out of all proportion to the apparent amount of damage done. There is almost always considerable febrile action, more or less complete anorexia and sleeplessness, and derangement of all the secretions. To these may be added great irritability and intolerance of a moderate degree of pain, much dejection of spirits, haggard and anxious countenance, etc. The tendency to despondence becomes frequently a prominent symptom to be combatted, and everything should be done to cheer the patient. Assuring him that things are "all right," is quite admissible, even though a dozen fragments be still in his body; for it will have an amazing effect in helping him to discharge them.

I would in conclusion offer a few simple rules for the treatment of this kind of injury:

1. Explore the wound thoroughly, even should much division of muscular tissue be thereby necessitated.

2. Extract the last fragment that can by any means be laid hold of, and cleanse the wound thoroughly.

3. Dress very lightly and openly, facilitating by every means the ready discharge of pus; watching for burrowing and abscesses, and evacuating them as soon as detected.

4. However serious the wound, make light of it to the patient.

5. Attend promptly and vigorously to constitutional symptoms, combatting them by the ordinary well-known means.

OPERATION FOR VESICO-VAGINAL FISTULA.

By Professor Joseph Pancoast, M. D.

Reported by Benjamin C. Snowden, M. D., of Huntingdon Valley, Pa.

The following is an account of one of the most successful surgical operations.

Mrs. A., a resident of Indiana, æt. 26 years, was confined about the first of last October. The labor was protracted and difficult; the child was dead. Immediately after delivery, she was unable to retain her urine, but it was attributed to paralysis. About ten days after, she passed a fleshy substance about, two inches square; one side of which was incrusted with a white saline coating, which, she said, resembled the bottom of a tea-kettle, in which limestone water had been boiled. In speaking of it to her medical attendants, she told them that she thought it was a portion of her bladder, which was afterwards found to be the case.

About the first of January of the present year she came east, and was placed under my care by her husband, with directions for me to do whatever I thought was necessary in the case. After a careful examination, I was satisfied that the fistula was a very large one, involving about one and a quarter inches of the urethra, and extending back to the os uteri, being considerably larger than a silver dollar. As I was satisfied that without relief she was doomed to a life of

constant misery, with perhaps insanity and a premature death, I recommended an operation. She consented, and I called in consultation Professor Pancoast. The result of his examination confirming the diagnosis I had previously made, we stated to the patient that her only prospect was in an operation, and if it failed she would be no worse than before. About the middle of January, Dr. Pancoast, in company with myself, assisted by Dr. William H. Pancoast, and Mr. Charles King, student, proceeded to operate.

The patient was placed upon a mattress on a table, resting upon her knees and elbows, her abdomen being supported by pillows. The female catheter was introduced first, then the perineum speculum, which was supported by an assistant. Dr. P. then proceeded to remove all the smooth tissue from the sides of the fistula, so as to present a raw and bloody surface for union, which he did very skilfully, with the scissors and sharp pointed bistoury. After the edges were pared throughout the entire extent, great care being taken that not the smallest portion of mucous membrane should remain—the wire sutures were introduced—silver and iron alternately, to the number of seventeen—the edges of the fistula came together nicely, and the sutures were fastened by having the ends passed through shot. The button suture, or flat pieces of lead, with holes pierced in them, were used on some of the wires, in consequence of the softness of the flesh, as it was feared a small shot might be drawn through.

After the operation, which lasted about three and a half hours, the patient was placed in bed, and 15 drops of black-drop administered, which was repeated at intervals during the night. The catheter was kept in the urethra, and at the end of ten days—she having exhibited no unpleasant symptoms whatever—we removed all the sutures but three. In three or four days they were removed also. No unpleasant symptoms occurred, and very little medication was needed. At the end of three weeks the catheter was removed, and she rode out into the country some twelve miles, where she remained two weeks; since which time I consider her perfectly cured. She can retain her urine six hours, and discharge it when she chooses, having perfect control over the sphincter.

She has now left for her western home, a perfectly sound and exceedingly happy woman.

It might be well to state that she was not under the influence of anæsthetics, but was perfectly conscious during the entire operation. This is one case more to be added to the many difficult and brilliant operations the modern surgeon is prepared successfully to perform; and although at first sight it might seem a hazardous undertaking, still by a skillful operator it may readily be done, and should in all cases of the kind be attempted; as it is the only means of relieving many an unfortunate woman from a life of indescribable pain and misery.

TREATMENT OF DIPHTHERIA.

By P. J. Farnsworth, M. D.,

Of Clinton, Iowa.

Pathology, and pathological indications, mainly influence the intelligent treatment of disease, and it should be our aim to have this in view, and to draw sound conclusions from our observations, and the results of treatment. Even the lowest empiric has a theory in the application of remedies, and though often applied fancifully, they sometimes hit the mark. And though our conclusions are often wrong, yet we are to be distinguished from them, by our study and deeper insight into the reasons of things, and endeavors to find the truth. It is with this in view that I am led to offer some conclusions, and observations on diphtheria.

Diphtheria is now generally considered and treated as a constitutional disease, with peculiar local manifestations. It is denominated a toxicohæmiæ, or blood-poison, a zymotic disease, etc. From various observations I am led to differ from these conclusions, and to regard it, primarily, a *strictly local* disease. In common with some other diseases, it secondarily affects the constitution in a most powerful manner.

An adventitious growth springs up on some appropriate surface, most frequently on the mucous membrane of the throat, but often appearing elsewhere, as on an external abrasion, a blistered surface, the vulva of a women, on a wound, and sometimes on an inflamed conjunctiva. Wherever it springs up, it adds new virulence and pain to what is already begun, no doubt generating a new poison, which, taken up by the system, produces powerful constitutional effects. The system may be already infused with a poison, and offer a more readily formed nidus for its growth, as in scarlet fever, or measles, and thus have to contend with a double portion of morbific action, either of which is enough to overcome struggling nature.

The character of the membrane is one allied to a vegetation of the lower forms, as in the conferva, denominated by Dr. Laycock, if I mistake not, one of the forms of the *oidium albicaris*, developed by sporules, as other plants of that

character are. This may account for the epidemic and apparent contagious nature of the disease. I might adduce many arguments in support of this position, but the most of them will strike any intelligent observer of the disease, viewed in the light I have placed it, and need not be drawn out here.

The main argument that I wish to produce here is one drawn from the successful treatment of the disease.

About two years ago I called the attention of the profession to the local use of tincture of iron, and of the persulphate of iron, in this disease, based on some experiments on diphtheritic membrane, covering abrasions of the cuticle, and also by its use in cases occurring in the throat. Since then I have confirmed my previous views, by further trial of the preparations, in severe forms of the disease, and have also received several very flattering notices from the press, and in private letters from others, whose attention was thus directed to its use. I am not aware of having seen it before mentioned, though presume I have, as nearly every article of the materia medica has been recommended.

In whatever light the disease is viewed, local treatment is largely relied on. Acid hydrochlor. dilut., argent. nit., zinci sulph., creasote, chlorate of potash, and many others, among which is permanganate of potash, which is highly recommended, but which I have never tried. Chlorate of potash has been long and highly vaunted, but in my experience has been comparatively worthless. This, conjoined with constitutional or supporting treatment—for the depressing nature of the disease is the first one to be observed—is now settled on as the recognized and most approved manner of dealing with it.

In the view I take of it the treatment is not so much changed as in the order of application.

I have settled upon the use of the solution of persulphate of iron as almost a specific, applied locally, and if applied early, or if in a situation where application can be made (which is unfortunately not the case sometimes), will alone arrest the disease.

The iron seems to penetrate or dissolve the membrane, and prevent its growth. It does it in the most painless manner, and if there is anything left over goes to strengthen the system, as iron does. In several instances a single application to a velum and tonsils covered thickly with diphtheritic membrane has effected a cure. It is equally efficacious in aphthous stomatitis, and in any forms of cankered sore throat, or mouth. A mild solution will at once arrest thrush. I have a case recorded in my note-book, of cancrum oris, cured apparently by the use of the persulphate of iron.

Glycerine is an excellent vehicle in which to suspend the remedy; and where there is much difficulty in applying the probang, a gargle made as follows answers every purpose:

℞. Sol. ferri per. sulph., f.℥ss.
Glycerine, f.℥ij. M.
S. A teaspoonful every three hours allowed to run slowly down the throat.

In follicular inflammation of the throat, or chronic ulceration, and enlarged tonsils, I have found the following of great benefit:

℞. Glycerine, f.℥ij.
Sol. ferri per. sulph., gtt. xx. M.
S. Use three times a day.

In summing up the matter, it appears that diphtheria is a powerful local disease, creating intense pain, and generating a poison taken up by the absorbents. That if treated at first locally, it may be arrested, but that after a time the constitution must be sustained. The nature of the membrane is such that it may be destroyed, and a return prevented by the application of some solvent, the best known of which is a preparation of iron.

It occurs to me here that the application of the persulphate of iron to the membrane of croup would be found useful. I have had no opportunity of trying it, but believe it will remove such membrane, and will make such trial when a case occurs.

I remember here the substance of a paper printed in the *Boston Medical Journal* four or five years ago, which was a clergyman's description of the malignant "throat distemper" prevailing in Massachusetts a hundred years ago.

It conclusively showed that diphtheria is an old form of disease, and was severe then, and amenable to certain remedies, the most celebrated of which was the following:

A certain quantity of copperas, (sulphate of iron), was calcined and applied to the membrane, and some herb infused in hard cider, was used at the same time, internally.

Diphtheria may be easily controlled, and cured, if within reach, and measures taken early. It sometimes attacks the throat, and down the bronchial tubes, and into the nares. If the first onset is so extensive that remedies cannot reach it, the constitution has not power, in any case that I have seen, to throw it off.

A certain proportion of cases will necessarily be fatal, under any treatment, but many cases, now fatal, may be saved, if rightly viewed, and properly managed.

NEW METHOD OF LIGATING THE PEDICLE OF AN OVARIAN CYST.

By P. W. Ellsworth, M. D.,

Of Hartford, Conn.

Those who have had occasion to investigate the subject, are aware of the serious objections existing to all the methods now in vogue, of suppressing or preventing hæmorrhage from the pedicle. The most usual or recently proposed are ligation en masse and attachment of the pedicle to the wound, after ligation of the whole end, or returning to the abdomen with the ligature cut short, actual cautery, and écraseur. It seems singular that the established rule of surgery, of tying the vessels themselves, has not been followed here. This is probably for fear of hæmorrhage, or for the sake of expedition. Simpson indeed intimates that on a suitable occasion he shall try this, using wire and leaving the ligatures in the abdomen; and a writer, by name of Wilson, in the *Med.-Chir. Rev.*, proposes ligations to the individual vessels, but it does not appear that either of these persons have acted on their suggestion. I have been able to find but one instance in which it is reported that this course was actually taken, and that was the first case in New England, or perhaps in the United States, by Prof. Nathan Smith, then of New Hampshire. It is said that on cutting the pedicle, he "tied two *small* vessels." The case terminated well. All risk in tying would be avoided by first applying the clamp, by way of tourniquet; then on cutting the pedicle, the open vessels could be readily and securely tied, notwithstanding the glairy nature of the fluid with which the stump is bathed.

Simpson has recently proposed securing the vessels by acupressure, by passing a pin transversely across them, and tying a wire over this, covering the end of the pin by a hood.

Permit me to propose the following plan, which would possess many great advantages. The position of the arteries is to be first detected by the finger; if the cord is broad and flat, so much the better. A needle, armed with thread or wire, is thrust through the pedicle, close as possible to the artery, should a vein be close to it, it is of no consequence; the needle is to be returned on the opposite side, and the thread tied securely around the vessel. This thread or wire may be cut short or left hanging from the abdominal wound. Every large artery is to be thus treated, and even veins, if bleeding after division. However many there are, there will be plenty of pedicle left untied, to preserve the portion between the ligatures and extremity alive. This would take a little more time than ligature en masse, but its advantages will more than pay, as the present difficulties will be mainly removed. The clamp might be applied before the ligatures, then on cutting the pedicle across, the open vessels will permit a more easy detection of the exact location of these. The following are the advantages:

1st. The end of the pedicle will not slough, and as this is sometimes quite large, it dangerously complicates the case.

2d. The ligature, being very small and secured to a small portion, will speedily free itself, and be discharged, if hanging from the wound. It will be less irritating than the large cord now in use and necessary. Moreover, if wire is employed, it may be left with comparative impunity. This wire, if left *on* the outer end of the pedicle, will be apt to fall into the pelvis, but if fastened *in* the living pedicle, it will there safely imbed, and the intestines will be safe.

3d. Slipping is impossible, because thrust *through* the pedicle.

4th. Bleeding, as in Parkman's case in Massachusetts' General Hospital, from shrinking of the large pedicle after ligation, would be impossible, as a very small part of the pedicle would be embraced in each ligature.

5th. No large suppurating surface will be left on detachment of the ligatures.

6th. The distress caused by the ligature en masse will be entirely avoided. It is not improbable that much of the nausea and prostration usually following ovariotomy, may be owing to the common method of strangulation, as we know the sympathies of the abdominal viscera, severe symptoms even following a ligature on the omentum, a body apparently not intimately connected with the intestines.

7th. The wound can be better closed and healed throughout by the first intention.

I have not been fortunate enough to be able to carry my ideas into effect, not having had an opportunity, since they came to mind, of performing the operation. I hope some one more frequently treating these cases will take the subject into consideration. The long round pedicle is not so favorable for this treatment as the short and broad, but these can be more readily cut long and secured at the edge of the wound, externally.

Dr. Joseph G. Hall, aged 77 years, died in Hernando, Miss., recently. Dr. Hall was one among the oldest citizens of Hernando, having resided there some thirty years.

Hospital Reports.

Pennsylvania Hospital,
March 24th, 1866.

Cases Selected from the

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Case of Eczema.

Thomas C., a sailor, æt. 22, was brought before the class. He was in good health before being attacked with this disease, which he now has on right leg. It began two months ago, he said, with little pimples filled with water. The part has itched very little, and only in warm weather, to which he was exposed while at Charleston. When kept covered, with a great deal of clothing, the affected skin burns, and the direct contact of salt water produces considerable pain, but the atmosphere at sea does not hurt it. The tongue is slightly covered with whitish coat. The appetite of the patient is good, and bowels regular. Has never been jaundiced. Has had a little heart-burn, during the passage, for four days, just before this eruption made its appearance.

This case was pronounced to be one of eczema. The facts elicited were purposely inquired into, in order that something might be learned as to its local origin, and to what extent there were any constitutional symptoms mixed up with the disorder. In reference to its local origin, the first appears, what may fairly be assumed to be little vesicles, these rupture, and from their contents drying, the crusts are produced. The patient presents a typical illustration of one of the forms, and a very common one, of eczema. This same appearance is sometimes seen on the heads of children, constituting there, crusta lactea. The eczematous appearance cannot now, in this case, be readily detected, that is, vesicles cannot be found at any point, but their dried contents are seen forming crusts. In some respects this variety of eczema forms a transition between eczema and impetigo; hence, it is sometimes called the impetiginous form of eczema. But it is very doubtful if it is worth while to make any such distinction. It is an eczema with crusts, which consist partly of the dried contents of the vesicles, and some pus globules. Attention was particularly called to the great reddening of the skin, showing that there is something more here than the mere vesicular affection, which is supposed to be characteristic of eczema. There is thickening of the derm, and in very many of these cases itching and burning, both of which, however, in this instance, are to a great extent absent. In old cases of eczema, there may be at times nothing but the appearance seen here, the skin not presenting any distinct vesicular look. It is very difficult, indeed, to classify such. It would be very hard to prove to any one that they are eczema, and yet we know that cases commencing as eczema gradually degenerate into that ill-described affection, which consists in thickening of the derm, with disorder of the epidermis, and in which the distinctive vesicular nature, the running weeping surface is absent.

There are some of the varieties of eczema all traceable to the same general cause, and that, so far as the local trouble is concerned, consists primarily in an affection of the derm, a sub-acute inflammation, with the fluid which is exuded, as a rule, around the glands of the skin, where it forms, and where the weeping vesicles are first detected. In every case of eczema, it is of importance to ascertain if there be any constitutional phenomena present. Here they are very slight. Beyond a coating of the tongue, possibly some gastric derangement, there is nothing which points to any constitutional irritation. Very generally there is found marked digestive disturbance, and, in truth, as much attention has to be paid to the constitutional phenomena, as to the local disease. In this case, as it is only of two months standing, and not accompanied by any general disorder of the system, save the slight digestive trouble mentioned, merely cream of tartar was ordered internally, two drachms daily, to act very gently as a laxative, and partly as a diuretic. Locally, as the disease is tolerably acute, the leg will be poulticed, to get off the scabs, with bread and milk, mixed with olive oil, or a slippery-elm poultice. After having done this, as an alterative to the skin the plan of treatment, which has a very strong advocate in Prof. Bennet, will be pursued. It consists in keeping the part, by day and by night, so far as practicable, bathed in a weak alkaline solution of one-half a drachm of carbonate of soda, or potassa, to a pint of water. This can be readily done by changing the cloths frequently, and surrounding them with oil-silk. This method of treatment is often found very efficient, especially in the more recent cases.

Wills Ophthalmic Hospital,
February 6th, 1866.

By T. G. Morton, M. D., Surgeon.

[Reported by C. R. Morgan.]

Traumatic Iritis, with Hypopium.

W. L. æt. 23, was struck upon the cornea by a piece of steel. A week after the accident he applied for relief. There was intense pain in and around the ball of the eye, and back of the head; the iris was discolored, irregularly contracted, and pupil small; the cornea dull, and, at the point of injury, a small excavated ulcer existed; in the anterior chamber we find a collection of puro-lymph, constituting what is known as hypopium, which is secreted from the inner corneal surface; we prove the existence of this fluid in the anterior chamber by changing the position of the patient's head, when we see that the fluid gravitates toward the dependent side.

Treatment. As a wash, the solution of atropia should be used to dilate the sluggish and inflamed iris, and to prevent its attachment to the lens; it also acts as an opiate for the eye, almost immediately giving relief to the pain. Internally I generally use a mixture of turpentine in mucilage, with either acetate or iodide of potassa; in simple iritis the former, and in specific the

latter;—and should the patient be in a low condition, milk punch, with iron and quinine, can also be administered.

Syphilitic Iritis.

Case shown; man æt. 29, chancre contracted eight months ago; secondary symptoms 3 months afterward; iritis developed four weeks since; vision very much impaired,—pupils contracted on admission, and changed in color. Has had the atropia wash (grs. ij. to f ʒj.) used twice a day in each eye; the pupil of the right has responded freely and regularly, but in the left, where the disease has been of longer duration, the dilatation progressed more slowly—the turpentine mixture with iodide of potassa is rapidly effecting a cure. We must guard against relapses which often occur.

Traumatic Cataract Wound, and Prolapse of the Iris—Extraction.

This patient was admitted a week ago, suffering from the effects of an injury two days previously, while cutting ice; the hook used in drawing off the cakes, slipped and struck him on the side of the temple and eye, causing a rupture of the cornea at the sclerotic junction, with laceration and hernia of the iris. When admitted, the pupil was irregular, a bulging of the iris through the wound to some extent, and the lens in a milky condition, swollen and pressing against the iris; the pain intense; extraction of the lens was immediately effected, by making a small incision on the outer side of the cornea, and scooping into the soft and broken lens; since which time the patient has had no pain, and the pupil is assuming a more natural appearance, and vision improving daily. We need never be afraid of extracting a traumatic cataract, no matter how much inflammation exists, provided the latter is due to pressure of the swollen lens upon the iris, or a dislocation partial or complete into the anterior chamber; the removal of the lens in such a case gives immediate relief. By the aid of a double convex glass, supplying the place of the lost lens, we will be able to improve his vision. Atropia has been constantly dropped into the eye, which is the best local application in such cases.

Double Cataracts, with Amaurosis from prolonged Lactation.

The patient, æt. 30, first observed her sight failing her about eight months ago. She had until that time been nursing twins, which were vigorous children, and received no nourishment, except from the mother, for eighteen months. Not only her eyes suffered, but her entire system was much prostrated; vision at present is confined to the light and shadows; the pupils are sluggish, and cataracts well formed and soft are developed. Great impairment of the retina is also to be expected here, and our aim has been to improve the general health, which is now much better than when she was admitted. Iron, strychnia and stimulants, have been ordered for her; and to-day I shall extract the lens from the right eye by the lower section, making a small incision of the cornea, prolapse the iris with a blunt hook, cut it off, and remove the cataract with the scoop I here show you, (Fig. 1), which is passed through the corneal wound behind the lens, which readily comes away on slight traction. This instrument I devised some years ago, and find it answers the purpose better than any

Fig. 1.

other. In this operation we have a small incision, a cut, instead of a bruised iris; and little or no danger from loss of vitreous, which so often results from the ordinary extraction operation, where the lens is forced out by pressure upon the globe. The operation was performed. The after-treatment consists in placing upon the eye a soft pad of white flannel, of several thicknesses, covered with a little charpie, and gently compressed against the eye with a flannel roller. A few hours after the operation, some atropia solution is dropped into the eye.

—— Patient exhibited to class; union of flap perfect; no pain since the operation. Vision improving, with the improved general health, and absence of the cataract.

Double Cataracts Hereditary—Double Convergent Strabismus, with Pterygium.

J. B., æt. 35, had perfect vision until 12 months ago, when his sight began to fail him. He has always had double convergent strabismus, which is seldom found with normal vision. His father, two brothers, and two sisters, have cataracts at the present time. A third brother was under my care some four years ago, with double cataracts, and whose case I successfully operated upon by extraction, making the upper section. In this case the pupils act well, and vision is improved by the dilatation, showing a healthy state of the nerve, the periphery of the lens being most dense at the centre. The association of cataracts with double strabismus and pterygium, is very unusual and interesting. The lower section of the cornea was made; the iris prolapsed and cut off, and the scoop passed behind the lens, which was readily extracted. A compress made with flannel and charpie, was placed upon the eye, and held in position by a flannel bandage.

Feb. —. Union complete; vision good; no pain. Some capsule remaining at upper and inner part of the pupil, will be absorbed in time.

Feb. —. Division of internal recti of each eye, with correction of the deformity. A pterygium exists at the inner side of the sight, which can be removed at a future day. Discharged cured.

Plastic Operation to Restore the Normal Condition of the Palpebral Fissure.

The patient, a soldier, was wounded by a musket ball striking the external angular process of the right eye, and passing directly across to the opposite side, destroyed both globes; on emerging at the external angle of the left eye, the ball was deflected downward, and carried away a portion of the malar bone; the parts on healing have been drawn downward, and the external commissure is attached to the bone below, so as

to give a very oblique direction to the lids; the tears are constantly flowing over the face, much to the patient's annoyance, and he is unable to have an artificial eye inserted. The integument was dissected from the bone, and a flap from the temple turned in to fill up the gap.

Feb. —. The parts have healed up kindly, and the natural appearance of the palpebral fissure is observed; the tears no longer flow over the face, and we have already inserted an artificial eye.

Editorial Department.

Periscope.

Two Cases of Croup Successfully Treated by Fumigations of Sulphuric Ether.

The Montreal "*Gazette Médicale*" publishes from *Abeille Médicale* the report of two cases of diphtheritic angina, or false-membranous croup, treated with success by inhalations of ether, under charge of Dr. M. Besson.

The first patient was a girl, six years of age, who presented the following symptoms: Swelling of the sub-maxillary glands, puffed face, pulse slightly accelerated, pain in the throat, difficulty of swallowing. Mucous membrane of fauces engorged and reddened, tonsils strongly tumefied, and presenting several patches of the pellicular exudation which characterizes diphtheritic angina. Voice gone; cough dry, choking, and croupy. Respiration short, accelerated, and labored. The patient was at first treated in the usual manner by vomits of tartar emetic and ipecacuanha, etc., chlorate of potassa, mercurial frictions around the neck—with no effect, however, except the expulsion of some membranous shreds and patches. As a dernier resort, Dr. B. thinking it unadvisable to resort to tracheotomy, inhalations of ether were employed. The effect was an attack of suffocation, accompanied by a violent respiratory struggle, lasting nearly a minute, during which a false membrane, over 6 centimetres in length, and 3 millimetres in thickness, very dense, like a piece of parchment, was expelled. The effects of this paroxysm gradually subsided and the patient soon went into a calm sleep. After about eight hours, the symptoms recurred, and again recourse was had to the ether fumigations, resulting in further expulsion of false-membranous exudation. Calm and sleep again supervened, the croupy symptoms yielded, and in a few days complete recovery had taken place.

The *second* patient was a little boy, five years of age, who was attacked with diphtheritic angina. Vomits of sulphate of copper, etc., had been used, followed by the expulsion of some false membrane, but still the symptoms became aggravated. There was complete aphonia, tonsils tumefied, and covered with whitish patches, cough insonorous and choking, successive dyspnœa, convulsive movements of the expiratory muscles, quick, sibilant inspiration, face congested, eyes injected, jugulars distended, extreme anxiety, convulsive agitation, and intense fever. In short, the patient was in the midst of these terrible paroxysms, which have hardly any remission, and which announce that the final symptoms of asphyxia are near at hand. In this condition the patient was made to inhale, in the space of several minutes, about five drachms of vaporized ether, and soon afterwards, in the midst of the violent efforts of a veritable strangulation, he expelled, enveloped in thready mucosities, a false membrane, seven to eight centimetres long, two centimetres in its greatest circumference, and very dense. In half an hour the symptoms of amelioration had become so decided, that the disease was thought to be broken, and during the forepart of the night the little patient rested quietly. Towards midnight the dyspnœa, and the paroxysms, became again urgent and violent, so that the patient himself cried for the use of the ether. This second fumigation produced the expulsion of several pieces of false membrane, rolled upon themselves, but smaller than the previous one. Again, subsidence of the croupy symptoms, and their occasional re-occurrence during the next two days, when the ether was again applied. The patient finally recovered.

The evaporation of the ether in these cases was accomplished by very simple means,—placing a bottle containing the ether, and terminating in an extemporized tube, into a bowl of water of 40° Cent.; the ether fumes were thus carried from the tube with the air of inspiration into the air passages.

Reviews and Book Notices.

The Physiology of Man; Designed to represent the Existing State of Physiological Science, as Applied to the Functions of the Human Body. By Austin Flint, Jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, etc. Introduction; The Blood; Circulation; Respiration. New York: D. Appleton & Co. 1866. 8vo. Pp. 502.

Prof. A. Flint, Jr., is probably best known outside of his immediate field of labor, through his investigations into the part performed by *cholesterine* in the economy, and its excretion by the liver. The results of these inquiries, although hardly yet adopted so as to make part of the "existing state of physiological science," are very interesting, and, if confirmed by other competent observers, will be enough to establish a reputation. The intention and nature of the volume before us, may be best stated in the author's own words:

"The plan of publication of the present work is one which is novel in this country, but which has been adopted abroad, particularly in France,

in almost all elaborate treatises on physiology. It is to be issued in separate parts, each, however, forming a distinct treatise devoted to natural subdivisions of the subject. The remaining volumes, three in number, will be issued yearly, until the work is finished, and will be severally complete in themselves." Preface, p. 8.

Such a *serial* issue of a physiological work has been, as above intimated, exemplified in the writings of Longet, Milne Edwards, Bernard, and others, with the advantage of the more thorough and deliberate treatment of each subdivision of the subject. The works of these authors are either exhaustive treatises, or records of original investigations. Dr. Flint's book is not simply either of these, but of an intermediate character.

It is, thus, not well adapted to the young student, who wants a compact, or, at least, a complete text-book, ready for all his use. It cannot be a *primary* book in physiology. But it will interest, and may be of use to the teacher and scientific student of the subject.

The work is well and carefully written; *not* exhaustively, but with many citations, especially from recent French authors, and a good digest of current physiology. But we find one serious fault in it: a *dogmatism* upon one or two points, which, in an author's first extensive work, appears to us presumptuous.

Thus, from page 293 to page 300, consideration is given to the causes of the capillary circulation. In these pages, the view is propounded, that the impulse of the heart, aided by the elastic rebound of the arteries, suffices to account for all the capillary *movement;* while the varying tonic contraction of the arterioles explains all capillary *variations*. The references made to authors upon these subjects are, to Poiseuille, 1835; Dunglison, 1851; Magendie, 1836; Bichat, 1800; Houston and Holland, 1836; and Cooper and Lallemand, 1844; none of them recent, certainly; and only one American. But no word of allusion to the name or theory of Prof. J. W. Draper;* who will be remembered, we venture to think, in connection with the *history* of capillary physiology at least, (and, we believe, its doctrine also,) quite as long as Dr. Flint and most others are likely to be.

An American work on physiology, treating of the capillary circulation, without naming Draper! Could this happen, too, in New York? We are almost led to change the question, so as to say, could it happen anywhere *else* than in New York? Certainly, however, it ought to happen nowhere. Even if the author were certainly and obviously right in his own view, which we do not grant; or sustained by all other authorities on the subject, which is not the case; still it would be a case of scientific neglect, as we consider it to be, also, of literary discourtesy and injustice.

Omitting the mention of one or two other, though less glaring, instances of dogmatism, upon the "present state of physiology,"—a very good word indeed must be said of the admirable manner in which the book is issued by Appleton & Co. The paper is tinted, and exactly the *right* tint, for beauty and for ease to the eyes in reading it. This is a point to which ophthalmologists have lately directed attention. They assert that certain shades of yellow or buff on book paper, lessen very much the fatigue of the optic nerve in looking steadily upon it. Some attempts to meet this idea, however, are not successful. The tint of Aitken's Practice, for example, declared by its author to have been selected for that very object, is uncommonly trying to our eyes.

The whole style of getting up this volume is superior. We do not know of a more *elegant* book, in its interior, in any American issue at least, in the range of the medical sciences.

* Prof. Draper's Physiology was published in 1856; but his original inquiries into the circulation of Plants and Animals were made known many years before.

Biographical Sketches of Distinguished Living New York Surgeons. By Samuel W. Francis, A. M., M. D., Fellow of the New York Academy of Medicine. Reprinted from the Philadelphia Medical and Surgical Reporter. New York: Published by John Bradburn. 1866. 12mo., pp. 220. *Price* $1.50.

The readers of the Reporter are most of them already acquainted with these sketches. They are certainly interesting. As a matter of taste, some may question the desirableness of such contemporary biography. The precept never to call any man fortunate before the end of his life, is as old as Crœsus. To call no man great before he has either died or become President, might still suit our times. Still, if done, we desire such a task to be done agreeably.

These cannot be called *critical* biographies. Nothing but eulogy seems to have been thought of in their composition. Many faults of style might also be adverted to. But, as they claim only to be sketches, and appear to be carefully made upon authentic information, they no doubt deserve, and will have many professional readers.

For sale at this Office, and at the Book stores.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 28, 1866.

THE MEDICAL AND SURGICAL RECORDS OF THE WAR.

A telegram from Washington to a daily journal says:

"The Joint Committee on Printing to-day had up the proposition of the Surgeon-General to print the medical history of the war. It will make a very large volume, and is to be filled with cuts and engravings. It will be very costly, and would, if carried out, exceed in value anything of the kind ever published in Europe; but the Committee are not disposed to expend such a large sum of money as will be needed."

We do hope that the Committee will realize the great importance of the subject under consideration, and that Congress will act in the matter with a wise liberality. The war through which we have just passed has been one of such unexampled magnitude as to afford unrivalled opportunities for the study of military medicine and surgery. The medical officers of our armies have not been slow in availing themselves of the opportunities presented to them, and under the judicious direction of the Surgeon-General and his assistants, a mass of material has been obtained, which is described as "simply enormous."

This immense collection of facts, well-digested statistics, history of interesting cases, and reports of important and novel operations, is accompanied by specimens, both wet and dry, elegantly mounted and preserved, and by the most artistic photographs and drawings, the preparation of which has been a tremendous work, requiring patience, perseverance, and above all, a love of science, of no ordinary character. Placed, as this material has been, in the hands of talented and accomplished officers, it cannot fail to be presented in a form and manner worthy of so great a work, and of so great a nation. Indeed, we see assurance of this fact already in the "Circular No. 6," from the Surgeon-General's office, recently reviewed at length in our columns.

The publication of the contemplated volume would serve to inaugurate a new era in military medicine and surgery, and to place these branches of science at a point that we never expected to see them attain in this century, at least. It would show to the world, as can be done in no other way so forcibly, the grandeur and immensity of our war, and the wonderful task devolving upon our army medical officers and the skill and industry which they brought to the work.

The experience and skill gained by our surgeons should not be allowed to die with them, but in the interest of a common humanity, should be given to the world. The proposed volume, then, is not only of national, but of world-wide importance, and its appearance is eagerly watched for, not only in America, but also by the whole scientific world. Congress should act in the matter as becomes the dignity of a powerful and enlightened people. Economy in the public expenditures is to be commended, but it would be but a mistaken economy that would dole out with stinting hand the money for this great national work. As Americans, proud of the profession of our country; and in the interests of science and humanity, we trust that the Committee will bring to the consideration of this subject a comprehensive and liberal judgment, and that our national legislature will do honor to itself and credit to the country, by publishing this national work in a style and shape creditable to the many scientific and painstaking officers who have collected the material for it, and worthy of the subject and the country.

MEDICAL AND SURGICAL HISTORY OF THE LATE WAR.*

VIII.

Diarrhœa, etc.; Pathology.

The subnitrate of bismuth is strongly recommended as a useful remedy in the treatment of this class of diseases, both in the acute and chronic form, though the extravagant expectations which were at first entertained with regard to it by some were not realized. Diet and climate form important elements in the treatment. Diet of fresh meat, and broth made from it, eggs, milk, oysters, with an abundance of fresh vegetables and the removal of patients to a northern non-malarial locality, were generally accompanied by the best results.

The series of specimens in the Museum, illustrative of diarrhœa and dysentery, consists of over two hundred specimens, grouped as follows:

The *first* group embraces the examples of follicular ulceration of the colon. The specimens present all the transition forms of simple enlargement of the solitary follicles of the colon, the rupture of the same, and the formation of punched-out ulcers of moderate size. The colon is usually more or less thickened, the thickening in some cases amounting to a quarter of an inch. The ulcers are usually rounded or oval, extending nearly or quite to the muscular coat, and looking much as if they had been cut out with a punch; when received fresh at the Museum, the

* Extracts from Circular No. 6. Dr. Otis' and Woodward's Reports.

appearances varied with the stage of the process. In the few cases in which the solitary follicles were simply enlarged, without ulceration, the intestine was seldom thickened. It was often normal in color; sometimes, however, slate or ash-colored; sometimes it presented patches of congestion. The enlarged solitary follicles were often the seat of pigment deposits; sometimes also an areola of pigment deposited in and among the glands of Lieberkühn, surrounded the enlarged and blackened solitary follicles. These patients had generally died of some other disease, as of camp-fever, supervening upon the diarrhœa, with lesions of the small intestines—of gun-shot wounds, etc. In the more serious cases the colon was more or less thickened, and presented punched-out ulcers which had originated in the solitary follicles. In these cases the colon was seldom normal in color. Sometimes it was red, reddish-brown, or reddish-black; at other times greenish, slate, or ash-colored; at others, again, unnaturally pale. Its texture, when cut into, was sometimes tough and lardaceous; sometimes it was softened. The ulcers usually presented a grayish or yellowish-gray base. They were sometimes filled with mucus, at other times contained pus. In the majority of the cases of this class, the small intestines were not involved, unless camp-fever had existed as a complication.

The *second* group of cases was characterized by greater extension of the follicular ulceration, until, in extreme instances, the greater part of the mucous membrane of the colon is destroyed by the vast erosions thus produced. The follicular ulcers usually extend by burrowing in the submucous connective tissue; in this way, in some of the specimens, several of these ulcers communicate with each other in the submucous tissue, though still retaining distinct orifices. The mucous layer containing the glands of Lieberkühn, undermined by the extension of the ulcer, not unfrequently hangs in shreds like a fringe from its edge; the undermined portion being occasionally destroyed by ulceration, but more frequently perishing by sloughing. In the recent specimens, the mucous membrane is generally of a dark-red, brownish, greenish-brown, or slate color, the ulcers presenting yellowish-brown or yellowish bases, often with blackish or brown sloughs adhering to their surface or edges.

In the *third* group, in addition to the appearances of the former, the gut was found more or less coated with a yellowish or greenish-yellow pseudo-membranous layer, like that observed in the air-passages in diphtheria. This condition is generally the result of an acute dysenteric process supervening upon a previous diarrhœa of long-standing. When fresh, the appearances of the gut are masked by the plastered layer of pseudo membrane which coats its surface.

The *fourth* group includes the cases in which the small intestine is enlarged as well as the large, generally in consequence of the complication with camp-fever.

The *fifth* group embraces tubercular ulceration of the bowels. The ulcerations are more marked in the small intestine than in the large, but both are usually affected. The patients have tubercles in the lungs; cheesy transformation of the mesenteric glands; at times other tubercular lesions.

Small-Pox, Measles, etc.

From an early period of the war, vaccination was strenuously urged in the army, and that these efforts were to a great extent successful, was shown by the comparatively small number of cases reported; the total reported during the two first years being 4132 cases, with 1544 deaths, or one death to about every three (2.67) cases.

Measles occurred chiefly in regiments recently raised; 21,676 cases and 551 deaths were reported during the first year of the war, 16,345 cases and 1313 deaths during the second. The disease resembled ordinary measles in adults, except when aggravated by the effects of crowd-poisoning or other depressing influences. The direct mortality was not great, being only one death to every twenty cases, but tedious catarrh, pneumonia, and pleuro-pneumonia, were frequent sequelæ, and a part of the mortality from these affections was due indirectly to measles.

Epidemic Mumps also prevailed extensively—11,216 cases with 9 deaths during the first year, 13,429 cases and 30 deaths during the second. The inflammation of the gland seldom terminated in abscess, except in those cases which occurred as complications of camp fever. Metastasis to the testicle was not unfrequent. The disease appeared to be spread by contagion, affecting almost exclusively those who had never previously suffered.

Inflammatory Diseases of the Respiratory Organs.

These diseases, of course, occurred in the greatest number during winter. The whole number of the cases of this group reported during the first year of the war was 143,991 cases, and 2400 deaths; during the second year, 160,263 cases, and 5690 deaths, a total of 304,254 cases, and 8090 deaths for the two years. The main diseases of the group were catarrh 83,837 cases, epidemic catarrh 11,314 cases, acute bronchitis 26,201

cases, pneumonia 11,061 cases during the first year; and epidemic catarrh 63,202 cases, acute bronchitis 50,799, pneumonia 20,466, during the second year. Of the 31,527 cases of pneumonia during the two years, 7091 died, the whole number of deaths from this class of diseases being 8090.

Venereal Disease.

Of syphilis, there were 22,792 cases, and 39 deaths during the two years; of gonorrhœa and its sequelæ, 40,473 cases, and 12 deaths, being 76 cases per 1000 of strength for the two years. The ratio of venereal to the total amount of disease was one case of venereal to every 35 taken sick during the first year; one to every 41 taken sick during the second. These figures show a comparative exemption of our troops from these loathsome affections. In the English army, in 1859, there were 422 admissions to hospital for venereal among every 1000 men serving in the United Kingdom; in 1860, 369 per 1000; in 1861, 354, and in 1862, 330.

Notes and Comments.

The American Medical Association.

We are happy to be able to announce that arrangements have been made with the Baltimore and Ohio Railroad, and the Pennsylvania Railroad, and it is expected they will be made with other lines, to issue commutation tickets to delegates to the American Medical Association at its approaching meeting at Baltimore. These tickets will be supplied by the Permanent Secretary, Dr. Atkinson, at the meeting.

Medical Temperance Society.

We would suggest that at the meeting of the American Medical Association at Baltimore, an American Medical Temperance Society be organized, and that its members establish branch societies in all sections of the country. Our profession see enough of the evils produced by intemperance, to throw their influence in the scale of total abstinence from all that intoxicates, as a beverage.

New Orleans School of Medicine.

The New Orleans School of Medicine held its commencement on the 16th ult., on which occasion the degree of Doctor of Medicine was conferred on *twenty-nine* graduates. The Dean of the Faculty, Dr. Fenner, addressed the graduates, after which and the conferring of the degrees, the valedictory address was delivered by Dr. I. L. Crawcour, Professor of Chemistry.

Medical Society of the State of Pennsylvania.

Owing to the difficulty of securing adequate accommodations in the town of Kingston, selected for the next annual meeting of the Medical Society of the State of Pennsylvania, and in accordance with the wishes and request of the Luzerne County Medical Society, the meeting of the State Society will be held, on Wednesday, the 13th day of June next, at Wilkesbarre, the county seat of Luzerne county, and only one mile distant from Kingston.

Delegates, upon arriving at Wilkesbarre, are requested to report immediately at the office of the Wyoming Valley Hotel, where the Committee of Reception will be in attendance.

Efforts are making to secure commutation tickets over the various railroads leading from different points in the State to Wilkesbarre.

By order of the Committee of Arrangement.

Medical Journals to be Revived.

We have received Prospectuses of the *Southern Medical and Surgical Journal*, Augusta, Georgia, and of the *Nashville Journal of Medicine and Surgery*, which are to be revived from the first of July next. The former will be edited by Dr. Joseph Jones, Professor of Medical Chemistry in the Medical College of Georgia, and will be issued once in two months, each number containing 176 pages, at $5 per annum. The latter journal will be issued monthly, each issue containing 80 pages, also at $5 per annum. Dr. W. K. Bowling will be the editor. In past times, both journals named were regarded as among our best exchanges, and we heartily welcome them back to a field which, by the way, is being very thoroughly occupied, and in which the earnest, devoted and persevering laborer will be the winner. May they both reach the goal—*after us!*

Littell's Living Age.

The *Living Age* has long been known as one of our best literary magazines. It is published weekly in Boston, by Littell, Son & Co., at $8 a year. This work is chiefly made up of choice selections from foreign magazine literature, and is a well edited magazine, evincing taste and good sense in the selections. Those who wish to get the cream of foreign magazine literature at moderate expense, should subscribe to the *Living Age*.

Fracture Apparatus.

The *Scientific American* of April 21st, contains five drawings and a description of a fracture bed and apparatus for the reduction and retention of

fractures, the invention of Dr. M. M. Latta, of Goshen, Indiana. It is a very ingenious contrivance, and may be found very useful, particularly in public institutions.

Correspondence.

DOMESTIC.

Lime Inhalations in Diphtheria.

Editor Medical and Surgical Reporter:

At the suggestion of our Post Surgeon, De Witt C. Peters, Asst. Surg. U. S. A., I send you the following summary of a case of diphtheria, treated by the lime inhalations; a remedy to which my attention was first called by a communication from the pen of Dr. A. Geiger, of Dayton, Ohio, and published in your valuable journal for March 24th, 1866.

The patient, William W. McKenney, a child of six years, had complained of his throat, Thursday morning, April 12th, on rising. I saw him about 10 o'clock, A.M. The glands at the angle of the jaw upon the left side were much swollen, and the left tonsil much inflamed. A spot of false membrane, of a whitish color, and about three lines in diameter, was discovered upon it. There was but slight constitutional disturbance. A cathartic of calomel and rhubarb, to be followed by sal. rochelle, was administered, and the tonsil touched with a solution of nitrate of silver. The patient was also directed to gargle his throat with lime-water.

About five o'clock the same afternoon I was sent for, with the report that the child was much worse. I found him with a very hot skin and high fever, the whole throat being much more swollen, both inside and out, than when I saw him in the morning. Both tonsils and the whole of the soft palate were of a dark, dusky-red color, and had enlarged to such an extent as to make it almost impossible for the patient to swallow. The respiration had also become very labored and difficult. There was much congestion of the face and head.

The membrane upon the left tonsil had spread with fearful rapidity; the entire surface of the tonsil, as was the arches of the palate upon that side, being covered with a dirty, greyish slough. The patient was ordered the lime inhalations every two hours, in the manner recommended by Dr. Geiger; that is, a large handful of lime was put in a pitcher, and about half a pint of boiling water was poured over it. The child's head was now placed over this, and he was made to inhale its fumes. The following solution was also directed:

℞. Potass. chloratis, ℈ij.
Tinct. ferri sesquichloridi, f.℥ij.
Spts. ammoniæ aromat., f ℥ss.
Aquæ calcis, f.℥vj. M.
Fiat. sol.

Sig. A desert spoonful every two hours, with beef tea ad libitum.

I saw the patient about 10 o'clock that night. He had then taken two good inhalations, of about ten minutes duration each. The breathing was much better, and the swelling about the tonsils and the glands of the throat was much reduced. The membrane had not extended since the afternoon. His mother stated that the inhalations had seemed to relieve him at once. He continued to improve very rapidly under this treatment, and to-day, which is the fifth since the commencement of the attack, he is entirely well, the inflammation and all traces of the membrane having wholly disappeared.

The instantaneous relief given by the inhalations, when I have seen so many remedies signally fail in diphtheria, have led me to attribute the very fortunate and successful issue in this case entirely to their influence. I have never seen any remedy act with more promptness or satisfaction, than the lime inhalation did in this case. I would most earnestly recommend that it be tried by the profession at large.

Very respectfully, Henry McElderry,
Act. Ass't Surg. U. S. A.

Post Hospital, Fort McHenry,
Baltimore, April 6, 1866.

Poisoning by Opium. Cured by Belladonna.

Editor of Medical and Surgical Reporter:

At 8½ o'clock, P. M., I was called to see an infant, two weeks old, said to have been accidentally poisoned by laudanum. On arrival I learned, that about two hours before, the babe's grandmother, intending to give paregoric, had administered 6 drops of laudanum. The infant was in a profound sleep, from which it could not be aroused; pulseless at wrist and temple, jaws clenched, respiration slow, but not stertorous, surface hot.

Pulv. ipecac. ℥ss., was immediately administered, with some difficulty, followed by strong coffee—deglutition being very imperfect. Tinct. of belladonna and a magneto-electric battery were sent for. Repeated ipecac. in 15 minutes without effect, though aided by passing an oiled feather up and down the œsophagus. Battery and belladonna arrived at 9, P. M. Before applying either, examined the pupils, and found

them mere pin-holes. Gave one drop of the tincture, and applied the battery, for a few minutes, communicating the current to the patient, through my own hand and that of a lady-assistant, our other hands grasping the conductor. The power was gradually increased, till unpleasant to our hands, without rousing the child, or producing any effect. Repeated belladonna at 9½ o'clock, pupil still firmly contracted. At 10, belladonna and battery repeated without effect. The battery was now abandoned, and the treatment confined to one drop of tinct. every half hour, with a little black coffee. A clergyman having been sent for, arrived at 11, P. M., and after some hesitancy in regard to the actual life of the child, baptized it—the application of the water producing no effect on the child's state. Soon after 11½, P. M., a little urine was passed, and a slight dilatation of the pupil observed; the pulse also, though yet feeble and irregular, could be noted at the wrist. At half past 12, P. M., the last dose, being a total of 8 drops of tinct. bellad., was administered. Soon after the pupil was found dilated a little beyond the natural size. Pulse 130—regular, and getting stronger—effort at vomiting, followed by occasional wild screams, and agitation of the limbs. The belladonna was evidently acting. A teaspoonful of castor oil was now given, and all other treatment abandoned.

I left—having given directions to apply the babe to the breast, every half hour, till it nursed.

Called next morning, found the little one well, not even exhausted. Oil had operated three times. Took the breast first about 2 o'clock, and several times since. For several hours had slept and screamed wildly alternately.

April 20. The child continues perfectly well. Neither I, or any one present, have a doubt, but the belladonna saved its life.

John G. F. Holston, A. M., M. D.

Zanesville, Ohio, April 18, 1866.

Congenital Malformation of the Œsophagus.

Editor Medical and Surgical Reporter:

I introduce the case by the following account given me by my friend, Dr. H. S. Nye, of Putnam, Ohio.

"*Putnam, Ohio, Dec.* 8, 1865.

"At 2 o'clock, A. M., called to see Mrs. G——, in second labor. She informed me the waters had broken and flooded her, half an hour previous. Pains came on slowly after some hours had elapsed, and continued regularly till 9 o'clock the following evening when they were terminated by the birth of a small female child, but well formed and apparently healthy. Child did not breathe for several minutes, but after removing mucus from its mouth, and suffering the fœtal circulation to continue, it finally gasped and with difficulty breathed. After removal from the mother—it would seem to suffocate, from an accumulation of mucus in the bronchia; cease to breathe for a time, gasp imperfectly, breathe through tough bronchial mucous, which being removed from the mouth and fauces by the finger, and being held head down to facilitate the discharge of mucus, it would finally breathe again for an hour, and then the same scene would recur, and by a repetition of the same means be relieved. It seemed unable to swallow, as when any liquid was given, it immediately strangled, and with difficulty was relieved by the prone position. The spine and chest were gently rubbed with volatile liniment. After the third day the breathing seemed to be more perfect, and less mucus secretion; could swallow a little, but immediately strangled; and on the fourth day had several spasms, and seemed apparently dead, but recovered; from the fifth day it could nurse greedily, and swallow several teaspoonsful, then strangle; put in the prone position milk run out; be relieved, nurse again and same repeated. Fluid seemed to pass down the œsophagus and met some obstruction—filling the canal to the larynx. Evidently there was an obstruction, but what could it be? The propriety of introducing a gum catheter was questioned, and decided best not to attempt it, and the eighth day the child died from starvation. I called in Dr. Holston who made a minute dissection and examination of the vital organs, who will relate the result.

H. S. Nye."

Post-mortem Examination.

The real cause of the difficulty in this case, having, during the infant's life, been a mooted question, obstruction, paralysis, etc., being surmised—the examination was conducted with minute care.

External appearance emaciated, but not to a very high degree. Rigor mortis, 12 hours after death, strong. Umbilicus cicatrised.

Incision from chin to pubis. The clavicles were disarticulated from sternum. The integuments of the neck and thorax, including the sterno-cleido mastoid, and the thoracic muscles, were dissected back, the ribs cut through at their anterior curvature, and their anterior portion, with the sternum, entirely removed—thus giving a clear view of all the viscera in situ.

The muscles were all pale, but a considerable amount of fat still remained in their interstices, as well as under the skin. Thymus gland large.

The heart and great vessels were first examined. The muscular structure pale and flaccid, all the valves, as well as those of the aorta, perfect, and transparent as glass. Foramen ovale closed, but ductus arteriosus patent; right ventricle filled with black blood, left empty. Nothing abnormal in the great vessels or nerves of neck or thorax. Lungs deeply congested, but every part floating. Trachea, containing frothy mucus, lining membrane injected. On dividing the trachea, and turning back its upper and lower extremities, the source of trouble came into view, viz.: The œsophagus terminated in a *cul de sac* opposite the seventh cervical vertebra. The extremity presented no appearance of cicatrization, but appeared like the finger of a glove, perfectly smooth, and of homogeneous texture. This part much dilated. One-fourth of an inch distant, without having any connection with it, began the other extremity of the organ, also in a *cul de sac*, opening into the cardiac orifice in the usual manner, but contracted to the size of a duck quill. The upper part was at least four times the diameter of the lower.

Liver pale. Umbilical veins patent. Stomach and intestines filled with flatus, but no other contents. Bladder empty. The mucous membrane of those viscera injected. Kidneys normal, and void of fat. Gall bladder containing thin yellow bile. John G. F. Holston, A. M., M. D.

Zanesville, Ohio.

News and Miscellany.

The Metropolitan (N. Y.) Board of Health,

Has been exceedingly active during its short existence, and already many nuisances have been abated. The street-cleaning contractors have been brought to their senses, and are put to strict fulfilment of their duties.

Regarding *cholera*, at one of the last meetings of the Board, Dr. Stone made the following report:

"The committee appointed by the Board of Health at a regular meeting held April 10, 1866, to report to this Board without delay the evidence there is of great and imminent danger to the public health in this district by reason of the impending pestilence, and what measures should in consequence thereof be taken, and what acts be done by this Board for the preservation of the public health, and which in their opinion, the public health and safety demand, beg leave to present the following report:

"Little time has elapsed since the organization of the Metropolitan Board of Health, but during this period they have been anxious and assiduous in their endeavors to abate or remove all nuisances, yet the accumulated filth of months and years will render it impossible to do so with their present limited powers in a manner to satisfy themselves or the reasonable expectations of the public before the hot weather shall be upon us.

"The Atalanta arrived last November with the cholera which she had brought from Southampton, and from the 22d of November to the 20th of December, there were 24 deaths on Ward's Island in one particular Hospital, where the disease attacked the convalescents from fever. Owing to the coldness of the weather it did not extend, and many were led to believe that this feeble attack was a demonstration of its weakness, and that we had witnessed the last struggles of the dreaded enemy. Now, none are sanguine enough to indulge so cheering a hope. Cholera is already in Halifax, brought there by the steamer England, containing 160 cases of this disease, exclusive of the 40 who died on the voyage from Liverpool.

"To-day we have received from the State Department, Washington, information that the British brig Ubla and the bark Hampton had reached Bermuda with cargoes of rags, and were quarantined there on the suspicion of having the cholera. These vessels are destined soon to arrive in New York, and other vessels undoubtedly will arrive with the disease on board. At Quarantine we have only one hulk which cannot accommodate more than 300 persons, nor have we any places where the passengers can be landed and properly cared for, and it is incumbent upon us as a board of Health to have our powers increased to meet, in case of pestilence, such an emergency.

"Moreover, there is no reason to believe that the present threatening epidemic will differ from the four previous ones. In the Summer and Fall of 1831 it appeared on the western and northern coast of England, reaching NewYork the following Summer—that is, on the 5th of July, 1832, when 21 cases were reported from different points in the city. In the Summer of 1848 it appeared in the same places, first in England, and then spreading along the southern shores, and then northwardly to Scotland. On the 2d of December, 1848, it was brought by the ship NewYork to this port, the vessel losing seven cases during the last week of her voyage. During the following summer the epidemic prevailed in this city. In 1865 the Atalanta, as stated above, arrived at this port with the same previous history of its march through Western Europe, reaching, as in previous epidemics, the southern parts of England, and then coming over to us, generally attacking America, one year after it had raged in Europe, and it is highly probable that the same course will be followed the present year.

"Cholera, then is imminent, and, whatever other places may be avoided by it, the great cities of New-York and Brooklyn, which have such free communication with each other and with all the world, can hardly fail to be exposed to its earliest attacks.

"It would seem to be destined to come and

occupy its previous haunts where filth and the neglect of all sanitary precautions, under a hot sun will develope and disseminate its virulence. In view, then, of this great danger which threatens to destroy thousands of lives and injure the commerce of the District to the extent of millions of dollars, we would recommend that an appeal be made to the Governor of the State to proclaim to the public the danger of an impending pestilence, and thus authorize the Board of Health to take such means and incur such increased expenditure as shall be necessary to accommodate the sick in the district as well as those who arrive at quarantine; to clean the streets, remove manure heaps, correct the ventilation, drainage and overcrowding of dwellings; to close or remove all buildings which are dangerous to life or health, empty and remove the contents of privies and cesspools, reopen obstructed sewers, wash out the gutters and sewers with water, in fact do all that shall be considered necessary to resist pestilence and protect human life.

"And your committee would also recommend that the Governor of the State be requested to extend this increased power of the Board to the 15th day of October. All of which is respectfully submitted."

At a subsequent meeting the following Declaration was made:

Resolved, That in the judgment of this Board, and in fact, there is presence of great and imminent peril to the public health in the Metropolitan Sanitary District of the State of New York (created by Chap. 74 of the Session Law of said State, passed February 26, 1866), by reason of impending pestilence within the meaning of the provision in relation thereto, contained in Section 16 of the said act, and the said Board does now and in good faith hereby declare that the public safety and health demand that for the preservation of the public health the said Board should take the measures and do and order and cause to be done the acts and make the expenditures (so far as this Board may find needful about said acts and measures) hereinafter specified, that is to say:

Resolved, That the measures to be taken, the acts to be done (or caused to be done) and expenditures to be made in the discharge of its duty by reason of such peril, are the following, so far as they can be specified:

1. Gathering and removing in and from built up portions of the Districts to some proper place what, if left, might in the opinion of the Board, tend to develope or increase the cholera this year.

2. Cleaning, purifying and disinfecting any building, erections, grounds or places, streets, sewers, drains, within the District, and closing any building or erection which, if not so treated, might in the opinion of this Board tend to develope or increase the cholera this year.

3. Cause improved drainage and ventilation where it can be readily done in the built up portions of the District or connected therewith, in any particular, in respect of which the condition of things if left unchanged might in the opinion of the Board tend to develope or increase the cholera this year.

4. Provide for the removal, accommodation, care and treatment of those who may this year be attacked by or sick of the cholera, or any contagious disease, and for the interment of those who may die, as the Board may find or declare needful.

5. Make and enforce, or cause to be enforced such regulations or orders for preventing the spread of cholera this year as the Board may find it needful to make.

6. Exercise any powers heretofore given to any health authority or officers applicable to cases of pestilence or contagious disease, in this District, as the Board may find or declare needful.

7. Use the proper means and agencies for the prompt and efficient exercise of the foregoing powers, and what is incident thereto in such manner as the public peril, in the opinion of the Board, may render needful to guard the public health in respect of the cholera.

8. Make such expenditures, incur such pecuniary obligations, and borrow such money about any act, measure and matter aforesaid, as this Board may find or declare needful.

Pursuant to the provisions of the 16th section of the 74th chapter of the New York Session Laws of 1866, this Board hereby declares and makes proclamation that the peril to public health in said section mentioned exists, and declare the same to continue until the 15th day of October next.

Resolved, That the foregoing resolutions and proclamation be entered at length on the minutes, and that thereunder and in said minutes the members of said Board concurring in, and approving of said resolutions, order and declaration, do severally subscribe their names, and also to a duplicate hereof.

Resolved, That a true copy of the foregoing resolutions, proclamation, order and declaration, signed by the members of this Board, who signed the original thereof, be transmitted to the Governor of the State of New York, and that his approval in writing of the same, and of the measures, acts and expenditures in the said resolutions specified, be requested, and that he be also requested to join this Board in making the foregoing declaration and proclamation.

Animal Electricity.

The number of fish provided with an electrical apparatus is not great; being limited to eighteen species of the torpedo, or two of the Gymnotus, two of the Mormyrus, and one of the Malapterurus. M. Charles Robin announces, in a paper addressed to the Paris Academy, that the ray possesses a similar apparatus. Thus there are two kinds of seafish that are decidedly electrical, the torpedo and the ray.

M. Robin's experiments were not of easy execution. The ray is usually caught at an hour's sailing at least from the coast, and it does not live more than twenty minutes out of its element. Owing to its size and shape, it is not easy to keep in a vessel with sea-water; nor is it possible to conduct delicate physiological and electrical experiments in a fishing-boat; so that for a long time M. Robin's efforts were fruitless.

Fortunately, the experimental basins now built at Concarneau, under the superintendence of M. Coste, have removed these difficulties. The aquaria at that place are large basins in which the sea-water is constantly renewed by the tide, and in which fish may live and multiply under the most advantageous circumstances. Here M. Robin carried on his experiments with a galvanometer and a sufficient number of electroscopic frogs.

Sometimes the ray, when out of the water, makes violent muscular efforts, and flaps its pectoral fins. During these efforts, an electric discharge is scarcely ever obtained, but after a few seconds' rest there comes a succession of small discharges. At other times, the fish remains quiet for three or four minutes, and then begins as before to make great exertions, during which the galvanometer and the frogs give no sign of electricity, and then comes a short period of rest, when a few discharges are obtained. In some instances, however, after three or four minutes of rest, the animal suddenly and voluntarily discharges electricity. Discharges may also be obtained by pricking, pinching, or otherwise exciting the fish. But, under whatever circumstances the phenomenon be produced, it is always accompanied by a slight motion of the ocular globes and a contraction of the bronchial cavity, as also by similar contractions of the caudal fins. It is well known that similar motions are observed in the torpedo at the moment of a discharge.

Ether vs. Chloroform.

The use of chloroform as an anæsthetic was lately discussed in the Paris Academy of Science, in a paper by Dr. Petrequin, of Lyons. He favors the use of ether, and shows that the former inconveniences attending its use have been obviated. Dr. Petrequin says:

"These inconveniences were removed by the etherizing bag, invented by a physician of Lyons, and also by the improved methods devised for obtaining ether perfectly pure. At present the operation of etherizing proceeds in a most satisfactory manner. The patient lies in a horizontal posture, with his head slightly raised in order to prevent his swallowing any ether; about twenty-four grammes of ether are poured at once on the sponges of the bag; the patient is directed to inhale copiously; the orifice of the bag is then closed, and the dose of ether doubled. The patient's eyes are carefully bandaged, and the profoundest silence is observed: in this way anæsthesia is promptly obtained without agitation. It is easy to prevent accidents by closely observing the circulation and breathing. In general the pulse is first accelerated, then becomes regular again; were it to become concentrated, irregular, or low, the inhalations should be stopped, and air administered. As to the breathing, it is at first subdued, but soon becomes complete. If it were to become difficult or interrupted, the apparatus should be removed and the fan used. In this way there has not been a single death at Lyons by etherization for the last fourteen years, while, according to Dr. Velpeau's own showing, the use of chloroform is never unaccompanied by danger.

"To this paper Dr. Velpeau replied, that there had indeed been a few deaths by chloroform, but it was not quite certain that there had been none by ether. At all events, he (Dr. Velpeau) had for the last fifteen years been administering chloform to several thousand patients, and had never seen any die from that cause."

American Medical Association.

Delegates.—At an adjourned meeting of "The College of Physicians of Philadelphia," the following delegates were appointed to represent the College at the approaching meeting of the American Medical Association, to be held at Baltimore, on Tuesday, the first day of May, next:

Drs. Geo. B. Wood, Isaac Hays, Geo. W. Norris, J. Cheston Morris, A. H. Fish, C. Percy La Roche, Casper Wister, Wm. Mayburry, W. Lehman Wells, S. Weir Mitchell, R. H. Townsend, John H. B. McClellan, Squire Littell, and Alfred Stillé.

"The Tridescope."

At the last sitting of the Academy of Sciences, at the Institute of France, Dr. Jules Cloquet presented a very interesting optical instrument called a "Tridescope" by its inventor, M. R. Houdin, and by means of which the spectator may see deeply into the interior of his own eyes, and follow the movements which take place during the process of vision. This new discovery will be of great service to oculists, by enabling them to study the different and numerous maladies which affect the interior of the eye and injure the sight. The Academy referred the instrument and the paper which accompanied it to MM. Becquerel and Foucault for examination.

—— The United States Treasurer at Washington recently burned $199 in greenbacks, which had been forwarded by the surgeon from a small-pox hospital at Bowling Green, Kentucky, in a sealed package. The money was supposed to be infected with the disease, and new greenbacks were sent to the hospital in exchange for it. Good! The prudent care shown by this doctor is worthy of imitation.

—— Among the recent arrivals in Panama was Dr. Berthold Seeman, formerly naturalist on the British ship *Herald*, on her voyage round the world, in 1845 to 1851. He is on his way to Nicaraugua, to make reports in regard to the mines of Lemon and Matagalpa.

—— Remarkable results have been obtained by M. Schlœsing in the production of exceedingly high temperature by the combustion of gas with air. By regulating the quantity of hydrogen and air brought together at the time of combustion, a considerable range of temperature can be obtained, the highest named in a communication recently made to the Academie des Sciences of Paris, by St. Claire Deville, being 2 736 deg. Cent.

Nitrous-Oxide.—A brochure on practical anæsthesia by means of the nitrous-oxide, by Dr. G. T. Barker, a dentist of this city, is announced, and will soon be published. The revival and present very extensive use of this anæsthetic, will make acceptable an essay on the subject by one who has had extended experience in its application.

—— Engraving upon glass has hitherto been, not unfrequently, effected by the use of fluoric acid, which often produced dangerous wounds when by accident it came in contact with the skin of the workmen. M. Henri St. Claire Deville has recently exhibited to the Academy of Sciences of Paris some very fine examples of glass engraving executed by means of a solution of the fluoride of calcium in hydrochloric acid, with which there is no such danger. The results obtained by this method are said to be exceedingly satisfactory.

—— A writer in the *Army and Navy Journal*, complains that gray-headed commanders and captains, the fathers of families of grown-up children, and often grandfathers, have been obliged to prance about on all-fours, in an utter state of nudity, and go through with various gymnastic exercises in that condition, to satisfy a group of surgeons—much their juniors—of their physical ability to perform their duties at sea.

MARRIED.

Clemson—England.—On the 12th inst., by the Rev. J. H. Kennard, John W. Clemson, M. D., and Miss Martha E. England, both of this city.

Judson—Boyce.—At St. John's Church, Washington, D. C., on the 19th inst., by Rev. John Trimble, D. D., Dr. Oliver A. Judson, of Philadelphia, and Elizabeth, daughter of the late Captain W. M. Boyce, U. S. Army.

Kendall—Beesley.—On the 18th inst., by the Rev. S. Townsend, at the residence of the bride's father, S Eugene Kendall, of Philadelphia, and Hannah M., daughter of Dr. M. Beesley, of Dennisville, Cape May county, N. J.

Mitchell—Dexter.—In Boston, April 9, by Rev. Mr. Chaney, Dr. H. W. Mitchell, of New York, and Miss Sara M. Dexter, of Boston.

Monroe—Clark.—On April 11, at the residence of the bridegroom, by Rev. L. R. Booth, Dr. Jesse R. Monroe, editor of the *Seymour Times*, and Miss Mary A. Clark, all of Seymour, Jackson county, Ind.

Utter—Seinor.—On Tuesday, April 17, by Rev. L. H. King, Frank A. Utter, M. D., of Bloomingdale, New York city, and Miss Mary J. Seinor, of Yonkers.

Yardley—Swan.—In Christ Church, New York, on the 18th inst., by the Rev. F. C. Ewet, Charles B. Yardley, and Maggie F., only daughter of Samuel Swan, both of New York.

DIED.

Carels.—In Camden, on the 19th inst., of pneumonia, Jennie T., wife of Samuel Carels, M. D., aged 34 years.

Fisher.—In Brooklyn, April 17, Freddie, youngest son of Dr. Henry P. and Augusta Fisher, in the 10th year of his age.

Lee.—At Mechanicsville, N. Y., April 13th, Dr. James Lee, in the 48th year of his age.

Smith.—In New York, on Sunday morning, April 22, Dr. Joseph M. Smith, Professor in the New York College of Physicians and Surgeons, aged 77 years.

Stewart.—March 13th, 1866, Mrs. Elizabeth M., wife of Dr. W. B. Stewart, of Armagh, and daughter of Rev. John H. Kirkpatrick, of Penn Run, Indiana County, Pa.

Stocking.—In Charlestown, Mass., April 12, Jane Jackson, wife of Dr. S. Stocking, aged 53.

Walker.—In Wilton, Maine, April 12, 1866, Elizabeth, widow of the late Capt. Asa Walker, and mother of Dr. J. P. Walker, of Cincinnati.

Walker.—On April 2d, Nancy Campbell Walker, wife of Dr. John S. Walker, of Clermont county, Ohio.

OBITUARY.

Prof. Joseph Mather Smith, M. D.

Dr. Joseph M. Smith died in New York on the 22d inst. The following outline of the life of this distinguished man we copy from the New York *Daily Times:*

He was born at New-Rochelle, Westchester county, N. Y., March 14, 1789, and was the son of the eminent Dr. Watson Smith.

He graduated at the College of Physicians and Surgeons, New York, in 1815, and in 1826 was appointed Professor in his Alma Mater, a position he most ably filled to the time of his death. For nearly forty years he has been one of the physicians of the New York Hospital, and during that long period he has skillfully and kindly attended the patients there gathered; and drew thither, prior to the removal of the colleges up town, crowds of students to listen to his clinical instructions. In 1854, he was elected President of the New York Academy of Medicine. The American Medical Association owes much of its distinction to the energy of Dr. Smith, some of the most elaborate and learned papers in its published transactions being the fruit of his pen.

The Council of Hygiene, of the Citizens' Association of New York, made him their President at their organization, and it is chiefly due to the efforts of that body that we have at length an efficient Board of Health. His practice has been mainly consultation; his character and learning winning for him the love and confidence of his professional brethren, who eagerly sought his counsel.

Dr. Smith was pre eminently patriotic. During the darkest days of the National troubles, he persistently and hopefully believed that the unity of the country would be preserved, and that our Republican form of Government would be firmly established on an imperishable basis.

We cannot enlarge on all the offices of distinction he has filled, or on his numerous writings, which will shed lustre on his name; these will, doubtless, soon be memorialized by his professional brethren; but we will state that his original work, published in 1824, on the *Elements of the Etiology and Philosophy of Epidemics*, quoted as authority to the present day, at home and abroad, will be an enduring monument to his memory.

Dr. Smith was cherished by his friends and relations, not only for his skill as a physician, and scholarly acquirements, but for his courteous manners, genial temper, and Christian virtues. It has been well said of him, that with all these several characteristics, "his attainments were not more remarkable than his modesty and retiring demeanor."

At peace with his Maker, his last hours were a fitting close of a noble life.

ANSWERS TO CORRESPONDENTS.

Dr. H. C. M., Maiden Creek, Pa.—Pareira's Prescription Book, sent by mail on the 21st.

Dr. R. N. G., Conneautville, Pa.—Gray's Anatomy, sent by Adams' Express on the 21st.

Dr. J. H. R., Omaha, Nebraska Ter—Turnbull on Nervous Deafness, and do. on Defective Vision, sent by mail on the 21st.

Dr. L. H., Thompson, Conn.—Slade on Diphtheria, sent by mail on the 21st.

Dr. T. H. D., Cresson, Pa.—U. S. Dispensatory, sent by Adams' Express on the 21st.

Dr. W. L. R., Cerro Gordo, Ill.—Flint's Practice, sent by Adams' Express on the 21st.

Dr. A. H. H. St. Clairsville, Ohio.—Stillé on Mat. Med. and Therapeutics, Cazeau's Midwifery, and Bedford on Diseases of Women, sent by Express on the 21st.

METEOROLOGY.

April,	9,	10,	11,	12,	13,	14,	15,
Wind.....	N. E.	N.	N. E.	S. W.	S.	E.	E.
Weather.....	Clear. Ice.	Clear. White Frost.	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy
Depth Rain.....							
Thermometer.							
Minimum.....	32°	31°	37°	37°	42°	45°	46°
At 8 A. M.....	42	45	44	45	51	52	56
At 12 M.....	48	54	54	61	66	59	60
At 3 P. M.....	47	52	55	64	68	60	61
Mean.....	42.25	45.50	47.50	51.75	56.75	54.	55.75
Barometer.							
At 12 M.....	30.3	30.4	30.3	30.2	30.2	30.2	30.1

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 479.] PHILADELPHIA, MAY 5, 1866. [Vol. XIV.—No. 18.

Original Department.

Lectures.

OPERATION OF LITHOTOMY.

A Clinical Lecture Delivered at Jefferson Medicii College, March 24th, 1866.

By Prof. Gross, M. D.

Reported by Dr. Napheys.

I have here a young man, Clark D——, aged 21, from the coal region near Pottsville. He came to my office the other day, and I sounded him, and found immediately a stone, which I took to be of considerable size. He has been an invalid for a number of years, having suffered from symptoms of vesical trouble for eleven years. General health is pretty good; he looks a little pale, and has not been able to do his work as a laborer. He suffers locally from the ordinary symptoms of this difficulty in the bladder, namely, a frequent desire to pass water; more or less pain when he relieves himself, and that pain which always results when there is calculus in the bladder, from its coming in contact with the mouth of the urethra. The penis is inordinately developed; it is unusually large for a man of his stature. The prepuce is elongated, and, like the penis, is in a state of hypertrophy, from the fact that the uneasiness in the bladder is referred to the anterior extremity of the penis and foreskin, (reflected irritation extending by continuity of structure,) obliging the patient to take hold of these parts. The hand is almost constantly in contact with them; and, if there is incontinence of urine, as not unfrequently happens, the hand, as well as the parts, have a sodden appearance. Then there is also in this case, as there is frequently, if not generally, more or less urinous odor; not from any perspiration of urine, but from the fact that it is brought in contact with the clothing, leaving its peculiar odor in that way. Sometimes this is an exceedingly prominent symptom, almost of itself characteristic of the nature of the affection.

In micturition there is very frequently, if not constantly, a sudden arrest of the flow of urine from the calculus coming against the mouth of the urethra and occluding it, so that the patient is obliged, in order to relieve his bladder completely, to change his posture, to lie or sit down, sometimes to get upon one side, sometimes upon his belly, sometimes to throw his limbs up in the air to elevate his hips, and frequently to stoop and lean his head down immediately in front of his thighs. From the constant straining, the patient is apt to suffer from hemorrhoids and prolapse of bowel, which is especially the case in children and elderly persons; not so common in those of middle age, or in young subjects after the period of puberty. Hernia is not unusual, simply from the immense amount of straining to which the part is subjected during micturition. Sometimes hydrocele, occasionally orchitis, and neuralgic pains in back and sacro-lumbar region, are met with. The general health at first suffers very little. The patient has good appetite, and sleeps well, not being obliged to pass urine so frequently during the night. But, after a time, the general health begins to be impaired. The system is very impressible to atmospheric vicissitudes. The patient becomes dyspeptic, his bowels are not as regular or as natural, and he is run down in this way by the disease and its effects, inflammation of the mucous membrane of the bladder, hypertrophy of the organ, and extension of the inflammation along the ureters to the substance of the kidneys. If not relieved, he may die from abscess there.

This young man is from a region of the country in which the water is not limestone, but freestone; and, what is remarkable, quite a number of cases of calculus have occurred in that neighborhood. I myself have had a number of cases from there, and I have heard of some operations which have been performed by physicians of Pottsville. There have been ten to fifteen cases in all, probably, in that coal district. The opinion was formerly very general, and perhaps still is, that calculous diseases are most common in limestone regions, because of the use of limestone water. I am not prepared to endorse this view at all. It is certain that in this and other countries, stone in the bladder is most frequent in regions of that description, but

I am by no means willing to say that the habitual use of limestone water exerts any influence upon the production of this disease. The fact, if it be one, has not been established. In my own experience, I have known of a number of cases which were developed in regions where the water was entirely freestone in its character. I had, some years ago, several from Georgia, a region of country where there is no limestone whatsoever.

The most common variety of calculus we meet with, in this and other countries, is the uric acid. The phosphatic calculus is exceedingly uncommon. It is met with chiefly in persons who have experienced injury of the spinal cord, or of the brain and spinal cord, and is usually attended with disease, of serious character, of the mucous membrane of the bladder. The oxalate of lime, or mulberry calculus, is uncommon in this country. The ammonio-magnesia is also not usual; and there are other varieties which are exceedingly infrequent.

Calculous diseases are liable to occur at all periods of life, sometimes as congenital affections. The youngest child I ever cut was not more than about sixteen months of age. I have performed the operation at the age of three years repeatedly. The best subjects are young children and elderly persons. I have performed the operation at the age of upward of eighty. The last old subject was a gentleman from a neighboring town, seventy-three years of age. He recovered without one untoward symptom. I never had a case which did better. I removed from him five calculi, of variable dimensions, and he got well in the course of a few weeks, without having had scarcely any fever. He remains perfectly well.

The operation which I propose to perform upon this young man is the lateral. I shall begin my incision about an inch above the verge of the anus, immediately at the left side of the raphé, and carry it obliquely downward and outward, nearly midway between the tuberosity of the ischium and the anus, to a short distance below the verge of the latter. Its length need not exceed an inch and three-quarters, or at most two inches. I was formerly in the habit of making a longer external incision; of late years I have always made it comparatively small; and in this I think there is great advantage. I believe my patients recover much more rapidly, and I have never experienced any ill effects, witnessed any infiltration of urine, or seen any cause to regret it. The external incision is made by many surgeons, in the adult, three, or even three and a quarter inches in length. The first cut is made through the skin and superficial fascia. Then, in the next place, the surgeon introduces the point of his left index finger into the upper angle of the wound, and carries his knife through the transverse perineal muscle, and in doing this, divides the transverse perineal artery running along its posterior border, cuts the deep layer of the perineal fascia, a few fibres of the elevator muscles of the anus, the triangular ligament, and the membranous portion of the urethra, to an extent of about four lines, just sufficient to enable him to introduce the point of the index finger, and, in the third place, he brings the finger in contact with the groove of the staff, inserts the knife into the groove, and divides the left lobe of the prostate gland and a little of the neck of the bladder, in a direction obliquely downward and outward, lateralizing the blade of the instrument in performing this part of the operation, so as not to interfere with the rectum, which is also pushed to one side, by the finger lying in the wound.

The operation is divided into three stages, for the sake simply of illustrating what we mean by lithotomy. When the perinæum is very much loaded with fat, when it presents great depth, as it occasionally does, and when it is very narrow, as not unfrequently happens in elderly subjects, the operation is difficult; but under ordinary circumstances it is sufficiently simple, provided the surgeon has a proper knowledge of the anatomy of the parts, and proper skill in the use of instruments. The depth of the perinæum is sometimes very great. I have been embarrassed in that way repeatedly. In many cases, on the contrary, the depth is very slight, and the operation consequently comparatively easy.

The knife which I employ for the operation is a bistoury, slightly spear-shaped, cutting on one edge; it is a very delicate instrument. With this I perform the whole of the operation. The staff is a large instrument, with a very deep, wide groove. The vesical extremity is blunt, and the handle large and rough. The instrument is first warmed, and then oiled, and introduced after the fashion of an ordinary catheter, which it resembles in shape. It is held firmly by an assistant, care being taken to see that it is in the bladder, well hooked up under the arch of the pubis, with a slight inclination of the handle to the right side, and that it does not press upon the rectum, lest it should injure that tube. After the incision has reached the membranous portion of the urethra, I put my finger against the convex side of the staff, and then insert my knife into the groove, and carry it along, dividing the neck of the bladder, and the left lobe of the prostate. Some-

times we are obliged, when the calculus is very large, to divide the right lobe of the prostate gland, to a greater or less extent.

Hemorrhage may occur in this operation from the simple division of the transverse perineal artery. This artery occasionally becomes much enlarged, then affording a considerable flow of blood. Or, we may divide the superficial perineal artery, as occasionally happens, or the artery of the bulb, a short thick stunted trunk, seated deep down between the two layers of the perineal aponeurosis, or triangular ligament, as it is usually called.

There may be considerable hemorrhage from an enlarged and varicose condition of the veins at the neck of the bladder, when the disease is of long standing, and there has been a great deal of vesical irritation. An anomalous distribution of the pudic artery, running along the side of the left lobe of the prostate gland, has caused a hemorrhage which has been fatal in a number of instances. In cases of bleeding, we are sometimes obliged to plug the wound, which is best done by means of a silver canula, surrounded by an open bag of cloth, filled with cotton or lint, to make compression against the vessel, one extremity of the instrument being inserted into the bladder, and the other protruding from the wound.

The patient has held his water for several hours, a matter of great importance. He was now placed under the influence of chloroform, thus removing any necessity for binding the limbs, and the operation was performed on a firm, narrow table, with but slight loss of blood. The stone extracted was a very large one for a man of his age.

The lithotomist always anxiously awaits for twelve or fifteen hours the expulsion of the urine. If it comes away freely, and is not mixed up with coagula, all is well. But if coagula come out from time to time, he feels uneasy, because it is an evidence that bleeding is going on, which, in a cavity of this kind, is not always easily arrested. We shall give the patient half a grain of morphia, so soon as he recovers from the effects of the chloroform. He took one-third of a grain this morning. We shall treat him antiphlogistically, restricting his diet for a few days, and watching very carefully lest there should be undue inflammation. We shall give him morphia perhaps twice in the twenty-four hours. The pain, which comes on after the operation, is usually spasmodic, and of a bearing-down nature. It is apt to continue until the urine finds a free outlet, and then it gradually subsides. I never introduce a tube for the purpose of carrying off the urine. Such an expedient is altogether unnecessary, and is apt to act as an irritant, producing spasms.

Wednesday, March 28th. The patient is doing very well indeed. The stone, on measurement, proved to be two and a quarter inches in length, one and three quarters in width, and nearly one in thickness. Its weight was nearly two ounces. There was some little bleeding after the operation, for which a small clamp was applied, constructed upon the principle of a pair of forceps, attached to a moveable handle, the invention of which occurred to me many years ago. This instrument was slipped up immediately over the artery about four o'clock Saturday, and at eleven o'clock, P. M., it became detached, but it had remained on sufficiently long to effect occlusion of the artery, for there was no hemorrhage afterward. The urine is passed freely by the wound, and the only thing the young man complains of is a slight smarting in consequence of the irritating character of the urine when it comes in contact with the skin. He has no fever, and is doing well.

April 4th. The patient is rapidly recovering, and will soon be able to leave for home.

Communications.

LUXATION OF THE HIP-JOINT,
And the Agents which Oppose its Reduction.

An Inaugural Dissertation presented Jan. 10th, 1866, to the Faculty of Jefferson Medical College of Philadelphia, for the Degree of Doctor of Medicine.

By James W. McDowell,

Of Princeton, Bureau co., Illinois.

The subject embraced under the head of luxation of the hip-joint, and the agents which oppose its reduction, is one of paramount importance, both as regards the frequent occurrence of the accident, and the extreme difficulty which is sometimes experienced in effecting its reduction. In studying the literature of this subject, we discover that there exists in the minds of some of our ablest and most experienced surgeons a marked difference of opinion in regard to what it is that constitutes the principal impediment, and the most efficient means of overcoming this opposition, in our efforts at reduction of the above specified luxation. Having been an eye-witness during the winter of 1864 and '65, to several important experiments, conducted by able and experienced men, for the purpose of satisfactorily

demonstrating certain principles involved in the subject now under consideration, and having myself, during the past winter, repeated those experiments, in order to satisfy myself of the correctness of the results at which they arrived, I propose, in the following pages, to give an account of those experiments, as far as they will contribute to the strength and support of the views which may be advanced in the discussion of this subject.

In treating this subject, I shall first consider the anatomical peculiarities of the joint, and the relation of the parts in a state of dislocation; secondly, the nature of the impediments which oppose our efforts at reduction; and, lastly, the most efficient and ready means of overcoming this opposition.

The encircling ridge, which gives depth to the cotyloid cavity, presents upon its outer slope a plane, the inclination of which varies in different parts. At its posterior portion this inclination is very great, and it would seem, in dislocation in this direction, impossible to return the head of the bone to its natural position, without elevating it completely over the ridge. Upward and backward it is more gradual, and would seem to present a much more easily surmountable obstacle. Yet when we come to examine carefully into the relation of the parts in a dislocation in this direction, we find that applied to this surface we have the anterior and inferior surface of the head and neck of the femur, the rotundity of the head corresponding with the curvature of the slope, while the edge of the acetabulum corresponds with the curvature described by the anterior and inferior surface of the neck. Although thus apparently locked together, comparatively slight extension in the line of dislocation would cause the head of the bone to ride over the ridge, into its place, were it not firmly bound down in this situation by the surrounding tissues. It is a question of the utmost importance to him who seeks to relax these tissues as to which particular one it is that constitutes these bonds. Dr. Reid, of Rochester, in common with a majority of the profession, considers the muscles the agents which offer most resistance against our efforts at replacement. For the purpose of tiring out these rebellious muscles, we have the directions of the books and public teachers to apply extension and counter-extension slowly and uniformly.

That the muscles oppose our attempts at reduction, very little, if any, has been demonstrated by repeated experiments, beyond the possibility of a doubt. I have myself repeatedly seen this belief verified upon the cadaver in ably conducted experiments, of which I was an eye-witness. In the experiments to which I allude, a fresh, whole, and muscular subject was selected and placed upon the table, the lower border of the gluteus maximus was raised, and a scalpel carried through the subjacent muscles, and an opening made in the posterior and superior portion of the capsular ligament. The round ligament was then divided, and the head of the femur luxated upon the dorsum of the ilium. The usual indications of this dislocation were present. The subject was placed in the proper position, a counter-extending band applied to the perinæum and fixed. The strength of two men was now exerted upon the extending band, while an effort was made to raise the head of the bone clear of the acetabulum with a towel, but it was insufficient to reduce the luxation. But by proper manipulation, the head of the bone was readily thrown into its place. This experiment was repeated many times, and uniformly with the same result.

As muscular action could not have opposed our efforts and prevented success in this case, the question naturally arises in the inquiring mind—What structure opposed our efforts and prevented success? The answer will readily suggest itself to the mind of every intelligent thinking man, viz., *the untorn portion of the capsular ligament.* But although the unruptured portion of the ligament constitutes the principal, yet experiment demonstrates to us the fact that it is not the only obstacle which we have to overcome in reducing this dislocation. That the dense outer portion of the fascia lata, in this distorted position of the limb, is put greatly upon the stretch, there can be no doubt; and pressing firmly down upon the trochanter major causes the head of the bone to hook closely against the acetabular walls. Rotating the limb internally, and thereby depressing the trochanter, relieves this pressure, and by this simple manipulation we are enabled to elude this last agent offering resistance to our efforts at reduction.

The following interesting experiment, illustrating this fact, was conducted under the observation of the same gentlemen who conducted the former experiments. A fresh subject was selected and a dissection made, removing the integument and superficial fascia, preserving, however, as far as possible, the fascia lata and all the muscles about the hip. The capsular ligament was completely removed, and the round ligament divided. A dislocation was now easily effected by carrying the limb across the other, and ap-

plying force to the knee. Extreme efforts by extension and counter-extension, according to the rules laid down in the books, were now brought into requisition, and failed to replace the bone; but by the method which will be described hereafter, a reduction was easily accomplished.

During the several steps of this experiment the fact was observed, that the pressure of the outer portion of the fascia lata upon the trochanter major forced the head of the femur down and caused it to hook firmly against the acetabular walls, constituting a serious obstacle against our attempts at replacement. Internal rotation, however, relieved this pressure and eluded this opposing agent.

From the result of these experiments, I have been led to conclude, along with the majority of those who witnessed them, that the untorn portion of the capsular ligament, along with the dense outer portion of the fascia lata, constitutes the chief, if not the only opposition to our efforts at reduction. I am aware that these views are not definitely laid down in the books, nor supported by the profession generally; but before judgment is passed upon them, I would ask that the several experiments, above referred to, might be first made, with the view of testing the accuracy or falsity of our conclusions. And now, having stated our conviction in regard to what it is that constitutes the principal, if not the only, impediments which oppose our efforts at reduction, we are prepared to proceed to the consideration of the last division of our subject, viz., the most efficient and ready means of overcoming this opposition.

For the easy reduction of any dislocation, and particularly those of the hip, there is a certain rule applicable and of almost imperative importance. It is this: In order to effect the reduction with facility, place the limb in the same position which characterized it at the moment of the escape of the head of the bone from the socket. Experiment and observation have demonstrated the fact that dislocations of the hip-joint cannot occur except in certain positions; and these are positions of very great distortion. To prove the correctness of this view, it is only necessary to refer to the prominent peculiarities of the joint itself, which afford the greatest possible security against this accident. The great depth of the cotyloid cavity, surrounding on all sides the head of the femur, renders its escape nearly, if not absolutely, a physical impossibility, so long as the legs are parallel to each other and on a line with the body. Before luxation can take place the limb must be so distorted that the walls of the acetabulum will afford no longer protection against the escape of the head of the femur; the dislocating force throwing the head against some portion of the capsule of the joint, which gives way before it; while in this position, permitting the rupture of the round ligament, and the escape of the bone. When in this changed direction of the limb, the head of the bone is thrown forcibly against some portion of the capsular ligament; consequently, the opposite side of this capsule must of necessity be relaxed, and by its relaxation facilitate the riding of the head of the bone over the edge of the cotyloid cavity.

During the progress of the experiments already alluded to, it was found to be impossible, in the upward and backward form of luxation, for the strength of one man to produce dislocation, even when the direction of the limb was changed to that which characterizes this form of the accident after it has taken place, although the upper and posterior portion of the capsule and the round ligament were divided; and so long as the limb remains in this position, no force, however great, applied to the knee, would be sufficient to accomplish the escape of the head of the bone without fracture of the acetabular walls; for the head of the femur presses perpendicularly against the superior and posterior portion of the cotyloid cavity. But on carrying the limb to a position in which the thigh crossed that of the opposite side at a point just above its middle, slight pressure was sufficient to dislocate the bone; for the acetabular walls, in this position, presented to the head of the bone an inclined plane, while, for the same reason of position, the undivided portion of the capsule was relaxed, thus permitting the head to slide easily up this inclined plane and ride over the acetabular edge. At the moment when the head is passing over the edge of the cavity, the undivided portion of the capsular ligament becomes tense, relaxes again as the head settles down upon the outside of the cavity, and upon dropping the limb down to the position which characterizes this dislocation, it becomes again tense. Consequently, efforts at reduction by extension and counter-extension, while the limb is in this position, would prove unavailing, for this tense undivided portion of the capsule, along with the dense outer portion of the fascia lata, binds the head of the bone so closely to the cotyloid ridge that it is impossible for it to ride over it. But on rotating the limb inwardly, to remove the pressure of the dense fascia lata from the trochanter major, and carrying it across the other to the position in which it was at the moment of escape, the reduction can be easily effected.

It is the unruptured portion of the capsular ligament which causes the limb, in the luxation upon the dorsum ilii, to assume the direction and position so characteristic of that accident; and if now an attempt be made to place the limb parallel with its fellow, on a line with the body, that attempt will prove unsuccessful until complete rupture of the remaining untorn portion of the ligament takes place: and the attempt to reduce by the old method of extension and counter-extension will likewise prove inefficient, without the exercise of a terrible power and the complete laceration of the untorn portion of the ligament; but by placing the limb in exactly the position which it occupied at the instant of escape, reduction is easily accomplished.

We learn further, from our investigation of this important subject, that, if the ligaments be cut away, leaving all other tissues, and the head of the bone be dislocated upon the dorsum ilii, and reduction be attempted, the outer portion of the fascia lata will, by its pressure upon the trochanter major, stand between our efforts and success until, by internal rotation of the limb, that difficulty be avoided. Hence we establish the following general rule: Not only in luxations of the hip, but in all luxations, place the limb in just the position which characterized it at the moment of escape, and the reduction will then be easily and speedily accomplished.

For the four different and well defined luxations of the hip, the following general rules may be laid down: In the most common form among the four varieties, when the head of the bone is carried upward and backward upon the dorsum ilii, place the patient upon his back, flex the leg upon the thigh, and then carry the limb across its fellow at a point corresponding with the union of the middle with the upper third, rotate inward, and the pelvis being fixed by an assistant, and the limb being kept in its flexed position, carry it back to a line parallel with the body, when, by extending the limb, the head of the bone may be readily thrown into its place. In the second form of this dislocation, where the head of the bone is carried into the obturator foramen, while manipulating as above directed, and while extension is being made, the limb should be abducted, for obvious reasons previously explained. In the forward dislocation upon the pubes, while extension and counter-extension are being made in the usual way, the limb should be rotated externally, for by so doing we relax the untorn portion of the capsular ligament. In the backward luxation into the sciatic notch, the limb should be carried across the opposite groin, and rotated inward, previous to any extension being made.

HYPERTROPHY OF THE SPLEEN.

By John L. Feeny, M. D.,

House Physician of the Seaman's Retreat Hospital, Staten Island, N. Y.

The peculiarity of this case is in the pathological lesions of "intermittent fever" occurring from exposure to malarial poison, without any manifestation of that disease. Not having seen any similar case recorded, I have taken the liberty of sending you the following particulars, supposing that they may not be devoid of professional interest.

Joseph Johnson, æt. 35, born in England, by occupation a sailor, was admitted to the Seaman's Retreat, May 2d, 1865, complaining of pain in the left lumbar region. On examination, there was found a circumscribed tumor, extending from beneath the floating ribs on the left side to the crest of the ilium, and transeversely from the middle of the left lumbar region to the linea alba. The tumor was smooth, hard to the touch, and of a circular shape; the abdomen was very much enlarged and protuberant, especially at its upper portion. On percussing over the region of the spleen, there was increased dulness, which was continuous with the limits of the tumor.

A diagnosis was made by Dr. S. C. Moffatt, Physician-in-chief of the Hospital, of enlargement of the spleen. On interrogating the patient, he said that he had never had either intermittent or remittent fever, and that he knew of no cause for his trouble. He had lived for some six years past in Chili, had been perfectly healthy while there, and stated that the first he noticed of his trouble was during his service in the United States Navy, some three and a half months before his admission to this hospital; that he was stationed off the coasts of Texas and Florida; that there was a great deal of intermittent fever among the ship's crew, but that he had escaped it, which he attributed to drinking pretty freely of alcoholic stimulants.

Johnson remained for some time in the same condition as when he was admitted, until there was manifest evidence that the tumor was undergoing softening. Local peritonitis occurred; which was followed by a fluctuating tumor, which presented itself on a line with, and about two inches external to the umbilicus, which was opened by Dr. Moffatt, and a considerable quantity of pus was discharged. As long as this discharge continued, the patient was much relieved from suf-

fering, and during this time the tumor very sensibly diminished in size. Early in October, the discharge ceased and the opening closed, when he felt so much better as to take the place of a nurse in the hospital, in which capacity he remained until Feb. 8th, 1866, when he gave up his situation, being no longer able to perform his duties. After the discharge of pus had ceased, the tumor again began to enlarge, until it passed about an inch and a half to the right of the linea alba, and extended down into the right iliac region. He now began to complain of severe pains arising from pressure of the tumor. Neuralgia, cephalalgia, dyspnœa, constipation, and hemorrhoids attacked him by turns, and he was truly, in the fullest sense of the word, a very great sufferer. Life was a burden to him; the only relief which he obtained was by the constant use of morphia, administered generally by the hypodermic method. He died March 19th. During the last few days of his life there was some interference to the return of blood from the head; the external jugular veins were much distended; his dyspnœa also was greatly increased.

Post-mortem examination, fifteen hours after death, revealed great hypertrophy of the spleen. It was situated superficial to the abdominal viscera, and occupied the dimensions already given. There was adhesion of the parietal and visceral layers of the peritoneum over the surface of the spleen, and marked congestion of the visceral layer. On removing the spleen from the body and placing it upon a balance, it weighed over eight pounds, (8 ℔s.) It was indurated and congested, and presented a cicatrix on its surface corresponding with the situation of the external opening which existed during life. On cutting into its substance, the normal pulpy consistence of the spleen was entirely wanting. It presented a mass of substance looking not unlike congested liver, somewhat friable, and of a very dark maroon color; about an inch to the right of the cicatrix was a circumscribed portion undergoing softening. On examining the liver, it was found to be hypertrophied to double its natural size and very much congested, weighing nine pounds and four ounces, (9℔s 4 ozs.) The stomach was displaced posteriorly, and lying against the vertebral column. All the chylopoietic viscera were congested. On opening the thorax, the heart occupied about its normal position, the right cavities were much dilated and filled with coagula; the left cavities were normal in size. The lungs were free and healthy. The space which they occupied was about one-third as large as it would have been in the normal state, owing to the encroachment of the abdominal organs before referred to.

The dyspnœa, congestion of the brain, as well as the organic trouble of the heart, were all referable to the hypertrophy of the liver and spleen.

PLACENTA PRÆVIA.

By E. A. Wood, M. D.,

Of McKeesport, Pa.

Mrs. A——, æt. 38, mother of six children; former labors natural. Was summoned to see her on account of hemorrhage from the uterus, which had first made its appearance six weeks previously, and had often been repeated since. Six weeks ago, while riding out, her horse took fright, and in running away injured her. At the time she felt a sharp pain in the lower part of the abdomen, with a sensation as if something had "broken or given away." At the same time some blood escaped from the vagina. She has constantly felt uneasiness since, and has had several paroxysms of bleeding from the womb. The loss of blood at one time has, however, not been great until the present bleeding. Ever since the accident she has been gloomy and anxious, insisting that she is going to die.

She is pregnant, and believes that she is at full term. I found patient lying in bed, sallow and anemic, and with cool and moist skin, uneasy and excited. Pulse weak, and 100. She does not think she is in labor, but complains of weakness and pains in the lumbar region. At times she is more restless.

Examination by touch revealed the presence of clots of blood at the vulva and in the vagina. There was no tumor at the mouth of the womb. The os admitted the point of the finger, but it was firm and unyielding. On allowing the finger to remain in the os for a few minutes the womb was felt to contract, and the blood could be felt escaping from the mouth. The contractions were so mild, that the woman was scarcely conscious of the fact.

She was already weakened with the loss of blood; and although in labor, yet the pains were insufficient to bring on rapid dilatation, which was so urgently demanded in the case.

Gave her one-sixth grain of morphia every hour, and half teaspoonful of vinum ergotæ at the same time. I believe that the morphia subserves three indications in unavoidable hemorrhage: first, it stimulates the brain and spinal cord, and it does so in a peculiar manner, by causing a *determination* of blood to the nervous centres. It will thus drive the blood to the

brain, although there may be great scarcity of blood in the body. Second, it quiets the excitability of the heart; this is not the general opinion, opium being held as a stimulant to the heart, and so it most usually is, but there is a condition of the circulation, generally associated with anemia, that opium quiets; making slower and softer the pulsations of the heart. Third, it stimulates the uterus to contract. This property of opium, however, depends on the dose. It is best exemplified in treating abortion. Give *large* doses, (gr. one-third,) and you conquer the pains and prevent miscarriage, but if you give *small and frequent* doses, you aid and excite the pains.

I would not give full doses of ergot as long as the os is undilated, for fear of exciting the womb to contract too powerfully, and the consequent risk of rupture.

The head and shoulders were placed low, the hips raised, and cloths, wrung from cold water, placed over the abdomen. The pains very soon were made more severe, but the hemorrhage was proportionally more profuse, and I at once applied the tampon. A messenger was dispatched for Dr. Marchand, an old and skilful practitioner.

The pains were now very strong. On the arrival of Dr. Marchand the tampon was removed, in order to ascertain if the os uteri was in a condition to admit the hand. On removing the plug considerable blood escaped, and while the examination was being made by both of us more was lost. The mouth readily admitted the introduction of the finger, but the os tincæ was tense and unyielding. The membranes and vertex were felt, but no placenta. The membranes were now ruptured, and the tampon re-introduced. Pulse 124, and weak; she was evidently failing rapidly, and we began to look upon the case with alarm. She drank considerable of water, and told us she felt weak. Brandy was given her; the pains were still very strong. Ergot and morphia continued.

After waiting over an hour, the debility was so extreme that we again removed the tampon. The os was dilated to the extent of an inch in diameter, but its rim was still hard and undilatable. Considerable blood again escaped with the plug, and the wasting continued while it remained out. The edge of the placenta was now felt near the left edge of the os tincæ. The tampon was again applied.

Introduction of the hand was out of the question, for not only is it universally agreed to be unjustifiable to thrust the hand by force through an undilated and undilatable os uteri, but in this case it was impossible on account of its hardness. The debility was now alarming indeed. She felt faint, and although her skin felt cool, she said she was "burning up." She begged for water, and drank as if to quench a thirst that a fountain of water could not satisfy. She complained of dimness of vision; her voice became weak, and the pulse was scarcely perceptible. The scene was now heart-rending beyond description.

After waiting until we thought waiting was a crime, we once more removed the tampon—once more gushed out the blood—once more did we find the rigid impassable os uteri, and—there was a brief but terrible convulsion—the poor woman was dead!

Could anything aside from the surgeon's knife have saved her? Rather than lose a case again from a rigid os uteri, I would not hesitate to divide the os in several places with the knife. But hoping and waiting to overcome the barrier by gentler means, your knowledge comes too late to use the knife. It would even be better to employ the cæsarean section than let the woman die, but you have no means to judge that you may not overcome the hinderance, until you find it too late.

But if I had a case that presented the same obstacle as the above, and not knowing the sequel, I would adopt somewhat the plan recommended by Wigan. I would use the ergot, morphia, etc., as employed above; but in addition, I would introduce a sponge into the vagina, and then fill the whole vagina with linen rags, and confine it there with a bandage. I would also allow it to remain until it became a source of uneasiness, or until I could distinguish the tumor pressing on the perineum, and then I would cautiously and slowly allow it to escape with the pains. I believe that we removed the tampon too often in the case I have described.

[To be continued.]

CEREBRO-SPINAL MENINGITIS.

By F. R. Payne, M. D.,

Of Marshall, Illinois.

A few facts in regard to this terrible disease may be of interest to some of the numerous readers of the Reporter.

This epidemic has prevailed in Clark co., Ill., for some time. It seems to be migratory. The first cases were in the southern part of the county in 1864, and I learn from Drs. C. Gorham, J. D. Mitchell, and S. Jumper, that nearly every case died. In 1865, it reached the centre of the county, ten to twenty miles north of where

it first appeared, and the fatality was terrible, but there were no cases in the southern part of the county.

At the present time, it prevails ten and fifteen miles north of this point, and we have no cases in Marshall. Yesterday I visited six cases, all of which must die. Eight coffins left town to-day for the present spotted-fever locality, and I learn from Dr. B. See, that he has lost a number of patients. He resides in the region where the disease now prevails.

I saw some in the first or congestive stage, and some in the active inflammatory stage. The symptoms, as noted at the bedside, are:

1st. Congestion, chill, or tremor; surface cold; pulse at times not perceptible at the wrist; skin an ash or light-lead color; pain in the head and back of the neck; restlessness and, in this stage, nearly always vomiting; with a painful and tremulous sensation in the epigastrium; very sensitive, but partial paralysis of some of the extremities, in some cases confined to one side; loss of sight and hearing in a few hours, unless reaction is forced. Many die in this stage. They have stiffness of the muscles of the neck, and contraction of the fingers of one or both hands, or local spasms and perversion of vision. These symptoms are soon followed with cessation of respiration. If the patient does not die, and reaction is fully established, we soon have all of the symptoms of inflammation of the brain and spinal marrow.

2d Stage. Suffused eyes; the neck rigid—a partial opisthotonos; great restlessness and jactitation; rapid and hard pulse; red face and petechiæ on limbs and body; difficult deglutition and complete coma. One or both pupils first contract, then, after a few hours dilate. The duration of all the recent cases varied from twelve hours to three days. According to our observations this year, not one case has lived over seventy-two hours.

In 1845, we had an epidemic in this county similar to this, we called, "*Black Tongue.*" In this disease, we first had erysipelatous eruptions on the face or some part of the body, soon followed with congestion, depression, and delirium, and in fact all of the symptoms of the second stage of spotted fever. But few got well.

In 1858, a similar and very fatal epidemic prevailed in this county, which, on account of symptoms and post-mortem examinations, was called "*erysipelas of the brain.*" They had no premonitory external symptoms, as in 1845, of the approach of a terrible disease, but presented nearly all of the symptoms now found in "spotted fever."

My object in presenting to your readers this article, is for the purpose of inquiring of the profession if there can, in this disease, be found a reliable remedy. Our experience this year has destroyed all confidence in remedial agents six hours after the inception of the disease. After that time, if reaction is established, we have coma, suffused eyes, and death.

Is it a toxic agent in the blood which thus affects the brain and spinal marrow? What is it that causes the blood to be rapidly disorganized and its vitality destroyed? Can any of your readers point out medicinal agents that will vitalize the blood and arrest this terrible septic or degenerative tendency? Why is it that the epidemic is more virulent in some localities than in others? Is it generally true that the disease selects for its victims persons between the ages of two and fifteen years?

Hospital Reports.

Pennsylvania Hospital,
March 28th, 1866.

Selections from the

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Pathological Specimen of Gastric Cancer—Symptoms Latent during Life.

This specimen was taken from the body of Patrick F——, a man who was before the clinic six weeks ago, presenting at that time marked dropsy of the lower extremities, ascites, diminished percussion dulness in the hepatic region, and the signs of a pericardial, as well as of a pleural effusion. In tracing out the cause of the dropsy, it was located in the liver. There was nothing about the heart that could very well account for such a general dropsy as existed. As the man, moreover, had been a spirit-drinker, as ascites was such a prominent condition, in addition to the general dropsy, and as there was diminished percussion dulness, to some extent, detected in the hepatic region, it was concluded that the liver affection consisted in induration of that organ, the first step, if not the full advance of the disease known as cirrhosis, and that by the disturbance in the portal circulation, the dropsy was occasioned. In the further progress of the case, the dropsy remained scarcely influenced by the diuretics and alteratives the man took. The acetate of potassa, juniper berries, iodide of potassium, and subsequently, a solution of iron, with a solution of acetate of ammonia, were administered with no effect, excepting a steady gain in the strength of the heart-sounds, and a constant diminution of dulness immediately in the cardiac region, proving, what is recorded repeatedly in the notes of the case, that the pericardial effusion was disappearing, but not the

pleural. Emaciation progressed to a great degree; diarrhœa was present, and the dropsy continued until he died, seemingly exhausted. Thinking there might be some constitutional disease, such as tubercle, lying back of the symptoms, we placed a thermometer in the axilla, and it gave the result of 99¼°; therefore, not a very high temperature. In the latter weeks of his life—certainly in the last week—he had a good deal of colic. In the evening, especially, he would complain of pain at the lower portion of the abdomen, which would be hard. But these symptoms very readily yielded to small doses of paregoric and lavender, showing that they were clearly owing to some flatulent distension of the bowel. There was no special gastric disturbance. Some nausea, but no vomiting at any time. There was no delayed digestion—no acidity of breath, nor any pain in any region of the body, if we except that colicky pain referred to, and a sense of fulness, which the notes mention once or twice, in the abdomen.

We find the result of the post-mortem here to be very peculiar indeed. In the first place, the liver is small, dense, highly congested, and unquestionably presenting slight granulations, and, therefore, speaking generally, it might be classed as an indurated liver, or as the beginning, at least, of a cirrhotic liver. But the amount of hard granulations and real increase of fibroid tissue, which exists in marked cirrhosis, it does not exhibit. Thus, then, the liver in part explains the dropsy, as with it in such a condition the portal circulation must have been disturbed. The kidneys are normal, but unusually small, and the spleen also very small. The heart is of small size, and there is some evidence of there having been pericarditis at one time, by the firm white membrane on the inner side of the pericardium. There was some effusion remaining in the pericardial sac—about two ounces—but three pints were obtained from the left pleura; these facts perfectly corresponding with the observations made during life. But lying back of all, the disease not having during life given a symptom of any kind, if you except perhaps the emaciation, which might, however, very well have been due to the dropsy, and attending state of the liver, was a cancerous disease of the stomach. And also, there is some distension and gluing together of the peritoneum; whether by matter of the same character we have not yet been able to determine, as it has not been examined. This differs from almost every other cancerous stomach I ever saw, in being small, very slightly contracted, and presenting no palpable tumor. And, although this cancerous infiltration has been very general throughout the organ, the pyloric extremity is intact, being, if anything, as compared with the rest of the stomach, large. When studied microscopically, a more typical illustration of cancer cells it would have been impossible to have found than was presented. The same evidence of cancer was found in the glands, at the edge of the stomach, as in the gastric portion of the specimen. And an examination of the intestine has shown that the round masses so perceptible to the naked eye, consist of thickened fibrous tissue, and in them there are small granulations of developing cancer.

The spleen was small. The stomach was firmly adherent to the intestine, and also to the liver, although less so to the latter than the former. Otherwise there were no signs of malignant disease anywhere. The lungs were healthy, although the seat of pigmentary deposit. This pigmentary lung has no special clinical meaning, but pathologically it shows altered blood, which readily undergoes pigmentary transformation. This state of the lung was by older pathologists called melanosis, incorrectly, unless the term is used in a very general sense to mean black pigment. Microscopically, it is nothing but pigment, the result of blood change. On some portions of the peritoneum, although but few, there were a few flakes, nothing that could really be called a nodule.

Looking back on the clinical history of this case, the dropsy was unquestionably, as already stated, greatly due to the state of the liver, which was indurated, and, speaking generally, in the early stages of cirrhosis, but it was not wholly caused by this condition; partly it and the emaciation were due to the state of the blood, the cachexia. But, what is most remarkable, is the perfect latency of gastric symptoms, there not being present a single symptom nor sign by which there could have been inferred the existence of carcinoma of the stomach. It may be interesting here to adduce the typical symptoms present in cancer of the stomach. Giving them very generally, the symptoms almost invariably present are vomiting, not simply of contents of the stomach, but often of blood. Besides this, acid eructations, fetid breath, constipation, progressive emaciation, and pain, constant, aggravated by food, but scarcely remitting, certainly never intermitting. If you add to these the sign, the most distinctive of all, the presence of a tumor manifest to the touch, you have the symptoms of gastric cancer. Now, what had this man of these symptoms? Had he a tumor? Most assuredly not. The tumor could not even have been made out at the post mortem, certainly not through the distended walls of the abdomen, with the stomach removed by its adhesions so far from the surface. Had he vomiting? Never, though he had some nausea. Was his breath specially fetid? Never. Had he constipation? No—he had diarrhœa, which, however, is more likely to be explained by the co-existing intestinal affection. Had he pain? Scarcely. He had a little, generally referred to the lower portion of the abdomen, and much more apt to be dependent upon intestinal than gastric complication. What symptom then had he of gastric cancer? Not one. Neither symptom nor sign. It must be classed in the category of those peculiar diseases that sometimes run a perfectly latent course, and at the post mortem of which you are astonished to find the economy so diseased, without the lesion having betrayed itself by a single trait.

There are here a few more points of clinical interest. Why is it the symptoms were latent? Can there be offered any explanation of it? To some extent there can. This cancer, though so marked and presenting the most undeniable evi-

dences of its true character, affects the body of the stomach more than the pylorus. Moreover, if we except a small portion, the mucous membrane, at least it is so around the pylorus, is tolerably intact. This opens some very interesting points for discussion. And especially, that the main symptoms of cancer of the stomach, such as are found in typical cases, are the result mostly of the seat of that cancer and of the affection of the mucous membrane. In other words, that the vomiting after meals, the distension of the stomach, the decomposition of food and the amount of pain experienced, bear a more constant relation to the site of the cancer, which in the majority of cases is what it was not here, pyloric, and to the state of the mucous membrane, than to the mere existence of malignant disease.

Another point is worthy of attention, and that is the temperature of this man. It certainly is, to say the least, a remarkable fact, that the last case of cancer exhibited at this clinic, that of a liver, should have had a temperature below 100°, although the patient was wasting, and died shortly after the temperature observation was taken; and that this case, too, should have a temperature below 100°. It could be assumed, if these observations continue, and here are two marked cases in point, that when you have the signs of constitutional cachexia and comparatively low temperature, the chances are in favor of cancer; if, on the other hand, you have a high temperature, they are in favor of tubercle. Several cases have been before the clinic recently, of tuberculous disease, in which the temperature was 103°. In a case, which terminated fatally in the wards lately, of most marked phthisis, with a cavity in one lung, and softening progressing in the other, the temperature was 104°. But this matter has not been sufficiently studied out to be announced as a general law; and on other occasions it may be more particularly brought before you.

University of Maryland, *January*, 1866.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D., of Baltimore.

Hypertrophy of the Conjunctiva.

Man, 28. Here both eyes are affected. When this man closes his eyelids, you observe this projection of the conjunctiva, which makes a disagreeable appearance and is also easily irritated. There is some chemosis. This is usually the result of inflammation; having become organized it is not likely to be affected by any application we can make to the eye. His eyes have been sore about a year; probably had conjunctivitis of a catarrhal kind. Proper treatment will be to cut it away. We will raise it by the tenaculum and cut it off with the scissors. Apply wet applications after the blood is done flowing. This is an excessive degree of granulations, and they have become organized.

Chronic Enlargement of Scrotum.

This man has been operated on several times for hydrocele, but the fluid has always reaccumulated afterwards. We introduce a tenaculum so as to raise up the parts, and fix them firmly, and then make a free incision with a bistoury and allow the fluid to escape, and then introduce a tent. This operation never fails. Injections sometimes do. We will allow it to remain 24 or 48 hours; sometimes let it stay until suppuration is produced. Sometimes have more inflammation than we desire, but that can be controlled.

Frost-bite.

Boy, 19—Sailor. Very liable to happen among sailors, on account of the exposed condition of the deck and rigging. The effects of freezing are very similar to those of burning. It is the sudden transition from cold to warm that destroys the vitality of the part. If a part is frozen, use cold applications, for freezing does not destroy the vitality of the part if this precaution is taken; but if you use warm applications, or take them into a warm room, the part is destroyed, cold prevents the rapid increase of temperature and allows the part to become thawed gradually. When mischief has resulted, as in this case, treat precisely as a burn. Linseed oil and lime water is a good application, or you may use stimulating applications. If sloughing, apply a poultice.

Erysipelas.

Man, 30. This is a constitutional disease, dependant upon a blood poison: always a specific disease. Sometimes local symptoms developed first. All diseases of this character are more liable to occur in winter than in summer, on account of deficient ventilation. Inflammation generally of an asthenic character. Keep the bowels open, and for this purpose calomel and rhubarb answer well. His bowels are in good order; pulse soft and rather weak; disease spreading from the face to the back of the neck. Local applications do not accomplish as much as they are supposed to. I find mild applications (as plumbi acet, ʒj, to aquæ Oj,) as good as any. Another good one is rye flour—not an active remedy, but protects the parts from the air and also relieves heat. This disease is liable to metastasis. We will give tr. ferri chlor. gtt. xxv., every four hours, and allow nutritious diet. Disease prone to relapses, if exposure to cold almost certain to do so.

Contusion.

Man, 20. Injured by a car. Here is a terrible contusion of the foot. The parts are very much mashed and of a dark color. We will make a free incision on the dorsal and palmar surfaces and press out the coagulated blood. This blood has lost its vitality, and gangrene would probably result. We will save all we can of the foot. For the present, dress with a yeast poultice as warm as can be borne; renew it once in twelve hours. It is highly antiseptic and gently stimulant.

Jan. 17th. Parts somewhat gangrenous. We will sustain the powers of life, and wait a little longer before any surgical interference. Give him a little stimulus and good nourishing food.

20th. Now grangrenous, and we will wait for the line of demarcation. Give stimulants. We will use a solution of chlor. of zinc to the diseased parts, but not to the sound tissues.

24th. Foot removed by a modification of Hey's operation, saving all that was not diseased.

27th. Now suppurating copiously—not much pain—pus of healthy character. It was by the free openings we made at first that the tendons were preserved from destruction.

31st. Progressing finely—every part presents a perfectly healthy appearance. Will have a very good foot.

Scald.

Man, 25. Scalded by hot water on board of a steamboat. It presents a rather checquered appearance,—these are the follicles of the skin, and as the true skin is not destroyed, there will be no cicatrix, which is so often troublesome after severe burns. This affects the inside of the left thigh and the penis. On the penis the true skin is destroyed, and there will be contraction which may produce paraphymosis. It has been dressed with linseed oil and limewater. We will use Turner's cerate. It is not dangerous, but would have been if the true skin had been destroyed.

Medical Societies.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Association bearing this lengthy appellation, met at Willard's Hotel, in the city of Washington, on the 24th ult., Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane at Philadelphia, President, in the chair, and Dr. John Curwen, of the Pennsylvania State Lunatic Hospital at Harrisburg, Secretary. There were present, Dr. John P. Gray, of the New York State Lunatic Asylum, Utica; Dr. Wm. L. Peck, of the Central Ohio Lunatic Asylum, Columbus; Dr. Byron Stanton, of the Northern Ohio Lunatic Asylum, Newburgh; Dr. A. B. Cabaniss, of the Mississippi State Lunatic Asylum, Jackson; Dr. Mark Ranney, of the Iowa Hospital for the Insane, Mt. Pleasant; Dr. J. W. Barstow, of Sanford Hall, Flushing, L. I.; Dr. W. P. Jones, of the Tennessee Hospital for the Insane, Nashville; Dr. John Fonerden, of the Maryland Hospital for the Insane, Baltimore; Dr. W. S. Chipley, of the Eastern Kentucky Lunatic Asylum, Lexington; Dr. William H. Stokes, of the Mount Hope Institution, Baltimore; Dr. Clement A. Walker, of the Boston Lunatic Hospital, South Boston; Dr. J. P. Bancroft, of the New Hampshire Asylum for the Insane, Concord; Dr. R. Abbot, of the Missouri State Lunatic Asylum, Fulton; Dr. John E. Tyler, of the McLean Asylum, Somerville, Mass.; Dr. S. W. Butler, of the Insane Department of the Philadelphia Hospital, Almshouse; Dr. C. H. Nichols, of the Government Hospital for the Insane, District of Columbia; Dr. D. T. Brown, of the Bloomingdale Asylum for the Insane, New York city; Dr. A. H. Van Nostrand, of the Wisconsin State Hospital for the Insane, Madison; Dr. George Cook, Brigham Hall, Canandaigua, N. Y.; Dr. James D. Lomax, Marshall Infirmary, Troy, N. Y.; Dr. Pliny Earle, of the Northampton, Mass., Hospital for the Insane; Dr. A. J. Reed, of the Western Pennsylvania Hospital for the Insane, near Pittsburgh; Dr. Van Anden, of the Asylum for Insane Convicts at Auburn, N. Y.; Dr. Van Deusen, of the Michigan Hospital for the Insane, at Kalamazoo; Dr. James Douglass, Jr., of Quebec, Canada.

Letters were read from other members, regretting their inability to attend. Committees were appointed on business, on resolutions, and on time and place of next meeting.

The Secretary read a correspondence between himself and the President of the Medico-Psychological Association of Great Britain, embracing a satisfactory official expression of the great regret of that Association on account of certain harsh political censure of the late Dr. Luther V. Bell, long a distinguished American psychologist, who died in the voluntary service of his country during the late war. Dissatisfaction was, however, expressed with the course of the editor of the journal of the Association, whose course was regarded as exceedingly discourteous. In accepting the apology of the President of the Medico-Psychological Association, therefore, no reference whatever is made to the editor of the journal, and the former vote of censure against him still stands recorded on the minutes.

Dr. Stokes read a paper on "The Late Trial of the Physician and Sister Superior of Mount Hope Institution, for conspiracy, before the Circuit Court of Baltimore County, Maryland, in its Psychological Aspect," in which an annoying attempt to injure that institution by a charge of false imprisonment and cruelty was not sustained, and the suit was dropped. This paper led to an instructive discussion of the question of legal extent of the right and duty of the friends of the insane to restrain them of their personal liberty, and the practice in this regard in the different States.

The Association here adjourned to 3 o'clock, P. M.

Afternoon Session.—Dr. Tyler read a paper prepared by Dr. I. Ray, of the Butler Hospital, Providence, R. I., on the Insanity of Women, produced by desertion or seduction; which, after considerable discussion, was laid on the table. This paper reviewed the case of Mary Harris,

who was tried in Washington for murder last summer, and acquitted on that ground. The proceedings of the court at the close of the trial were characterized as disgraceful, although it was the opinion of the author of the paper that the evidence was sufficient to establish the allegation of insanity. A lengthy discussion followed, the majority of those participating therein disagreeing with Dr. Ray and with Dr. Nichols, on whose testimony the defence chiefly relied to establish the allegation of insanity. It was mentioned as a glaring inconsistency, that while she was declared to be insane, she was not committed to an insane asylum, notwithstanding the dangerous character of her insanity had been so strikingly exemplified. Several interesting cases were cited, illustrating Dr. Ray's paper.

Drs. Curwen and Reed narrated the details of the case of the murderess, Mrs. Grinder, of Pittsburgh, having interesting medico-legal bearings. To the plea of insanity in her case, based on the absence of *motives* for the several murders, it was shown that in every case there was a motive founded on avarice.

The Association then accepted an invitation from Sir Frederick Bruce to attend a reception at his residence in the evening.

Finally, after the adoption of a proposition to call on the President of the United States at 12 o'clock next day, the Association adjourned to meet at Willard's at 10 o'clock Wednesday morning.

Wednesday, April 25th.—The Association met at 10 o'clock. The President, on behalf of Dr. Nichols, invited the members to visit the Government Hospital for the Insane at 9 o'clock, Thursday morning. On motion, the invitation was accepted.

Dr. Chipley then read a review of the Court of Appeals of Kentucky, defining the legal relations of inebriates, and recognizing the doctrine of moral insanity. At 12 M., the reading of this paper was suspended to enable the members of the Association to pay their respects to the President of the United States, who courteously received them, and in reply to a mention of the name and objects of the Association, by Dr. Nichols, he kindly expressed his appreciation of the scientific and humane labors of the gentlemen before him, and thanked them for the pains they had taken to pay their respects to him.

Afternoon Session.—The Association assembled again at 3 P. M., when Dr. Chipley concluded the reading of his paper on moral insanity. This important paper gave rise to an extended discussion, by different members of the Association, of the main question before them.

A communication was received from Surgeon-General Barnes, inviting the members of the Association to visit the Army Medical Museum; which was accepted for 2 o'clock Thursday afternoon.

The Committee to suggest a time and place for the next meeting of the Association, reported in favor of meeting in Boston, on the second Tuesday in June, 1867. On motion of Dr. Van Nostrand, of Wisconsin, the report was amended to read *Chicago, and the third Tuesday in May*, and then adopted.

The Association then proceeded to consider the subject of a uniform law defining the legal relations of the insane.

At 7 o'clock, the Association adjourned to meet at the Government Hospital for the Insane, at 10 o'clock Thursday morning.

Thursday, April 26.—In accordance with previous arrangements the Association took carriages at 9 o'clock, A. M., and drove to the Government Hospital for the Insane, situated at St. Elizabeth, on the Anacostia Heights. On their way they halted a few minutes at the Capitol, to view Brumidi's grand and beautiful painting in the eye of the new dome.

The Association was courteously received by Dr. Nichols, and after completing their inspection of the institution, partook of a liberal and excellent collation provided by Dr. Nichols.

Having returned to the city, the members of the Association proceeded directly to the Army Medical Museum, in pursuance of an invitation received the day before from Surgeon-General Barnes. At the door of the museum building the members were cordially received by Surgeons Otis and Woodward, of the army, who are in charge of the great work, so important to science and humanity, of collecting, preserving, and classifying the many thousand specimens of surgical and medical pathology, growing out of the casualties and diseases of the late war. Dr. Otis, in charge of the surgical section of the museum, occupied the Association for an hour or more, with an exceedingly entertaining and instructive presentation of specimens and histories of corresponding cases.

Afternoon.—At three o'clock, the hour to which the Association had adjourned to assemble at Willard's Hotel, the members of the Association expressed to Doctors Woodward and Otis their high appreciation of the importance and value of the work in which they are now engaged, and their thanks for the privilege of examining the museum. Having assembled in their session-room at the hotel, Dr. Cook, of Canandaigua,

proceeded to read an elaborate paper upon the care of the chronic or incurable insane of the State of New York. The subject brought to the consideration of the Association is considered of more practical importance than any other that has been discussed at this annual meeting of the body. It appears that in the single State of New York there are no less than twenty-five hundred chronic pauper insane, very inadequately provided for in alms-house receptacles and jails, and it is considered of the utmost importance to the future welfare of this large and rapidly-increasing class of the most helpless and pitiable of God's creatures, that a sound, liberal, and humane plan of caring for such persons should be matured and adopted in all the States.

The Association then adjourned.

Editorial Department.

Periscope.

The Trichina Disease.

Extract from *Vienna Zeitschrift*, translated by W. L. Wells, M.D.

The trichina disease, which has lately attracted so much attention, has already given rise to precautionary measures on the part of those who are appointed to take care of the public health: for example, the decree of the Prussian administration, (3d April, 1863,) according to which the sale of flesh in which trichinæ are contained, is subjected to the same punishment as that which is pronounced against the sale of tainted food.

Infection by means of the trichina has, however, an interest also for the medical jurisconsult; inasmuch as the trichina disease, arising in many persons at once, and perhaps rapidly fatal in some of them, may give rise to suspicion of criminal poisoning. The following incident, communicated by Dr. C. Tommasi,* and which he learned during his residence in Berlin, shows that this possibility is not a mere theory.

In April, 1863, a schoolmaster came from the province of Saxony to Langenbecks clinic to be treated for an epithelial cancer in the upper part of the neck. While the carcinoma was being removed, it was observed that in the platysma myoides there were fine white points, which had the appearance of trichinæ in the chalky condition, and really, on microscopical examination, turned out to be the dead trichinæ enclosed in chalky capsules. Subsequent investigation disclosed the following remarkable history.

In the year 1845, seven of the principal men of the place were collected together at a meal, on the occasion of the school-inspection of the above mentioned teacher. Among other things, they ate ham, and drank white wine. A clergyman who was invited to the meal ate nothing, and drank only red wine, because he did not like white wine. Two days afterward all the seven partakers of the meal became sick with symptoms of great intestinal irritation, followed by swelling of the face, and finally paralysis of the extremities; so that four died in the course of of two to seven weeks. The other three remained sick for months. The school-teacher suffered, as well as the others, with fever and swelling of the face; but the swelling of the limbs was confined to one-half of the body in his case. He had also violent pain, and paralysis. He was confined to his bed two and a half months, and was so exhausted as to be hardly able to walk at the beginning of his convalescence.

This simultaneous falling sick of so many persons, after a meal which they had partaken of in common, gave rise to suspicion of poisoning, and this was strengthened by the fact that the clergyman, who had not partaken of the white wine, was not taken sick. The suspicion was therefore directed to the white wine, as the probable menstruum of the poison; and the expression of the hostess, at whose house the meal was taken, that she "hoped the gentlemen would relish the wine she had *prepared* for them," was interpreted in the worst sense, as soon as the suspicion of poisoning became prevalent, although she affirmed that "the only preparation had been that of sugaring and watering a little." A chemical examination of the wine was therefore ordered by the court, but without result: the bodies of the four who died were exhumed, and the intestines chemically examined, but here also no poison was found. On this all judicial prosecution was given up, but the reputation of the tavern keeper was irretrievably lost, so that his business languished, and he was forced to leave the place.

Inasmuch as now—eighteen years after that event—trichinæ have been found in one of the partakers of that meal, the opinion seems to be justified, that those diseases were all caused by trichinæ eaten with the ham. The accurate investigations, which the physicians of Berlin desired to make on the persons of the other participants of that meal who had been spared, remained without result, as one of them had disappeared, and the only other one (except the school-master) who remained, refused most positively to allow any of the trichinæ to be harpooned in the muscles of his neck; a thing for which (in spite of all our zeal for scientific research) we cannot blame the worthy burgomaster.

* Giorn. della R. Academia di Medicina di Torino, 1863. No. 15 and 16.

Treatment of Scabies.

Mr. T. M. Kendadl, F. R. S. C., (King's Lynn,) has never found the following to fail as an immediate cure of itch:

"Sulphur combined with lime in a liquid form. It is prepared by boiling one part of quick-lime with two parts of sublimed sulphur in ten parts of water, until the two former are perfectly united. It must be constantly stirred during the boiling, and when they have combined, the fluid is to be decanted and kept in a well-stoppered bottle. Wash the body well with warm water, and then rub the liquid into the skin for half an hour. It is only needful then to wash the body well, and use clean clothes."

Notes and Comments.

☞ Absence from home, attending the meetings of the Association of Medical Superintendents of American Hospitals and Institutions for the Insane, which met at Washington last week, and the American Medical Association, which met at Baltimore this week, must be accepted as our apology for the entire absence of editorial matter in this number of the Medical and Surgical Reporter. With such valuable communications, however, as we have the pleasure of laying before our readers, an apology is scarcely needed. We are rather glad of the opportunity of publishing papers, some of which have been long on file.

The Galaxy,

Is the title of a new illustrated Magazine of entertaining reading just started in New York, to be published fortnightly at $6 a year, or 25 cents a number. The *Galaxy* is very neatly got up, indeed, makes quite a unique external appearance, and is beautifully printed on excellent paper.

The contents of the first number are, The Claverings; Giants, Dwarfs, and Fairies; Childe Harold; a chapter from a Noble Life; Archie Lovell; Spring; A Winter with the American Peripatetics; John Ryland's wife; Nebulæ. Eighty-four pages of very interesting reading matter by first class writers. In the next number, Professor Blot will commence a series of papers on cookery. These papers will treat the subject in a practical, as well as philosophical way, and will give many recipes and directions of great value. The first paper will be on "The Dinner."

Pension Examining Surgeons.

The following are recent appointments:—

Kentucky.—Dr. W. F. F. Moss, Owingsville.

Iowa.—Dr. S. J. Ullman, Boone Station.

Assigned to Duty.—Brevet Major Thomas C. Brainard, Assistant Surgeon United States army, has been ordered to report to the Surgeon-General. Brevet Colonel James T. Ghiselin, surgeon United States army, has been ordered to report to the Medical Director, Department of California, Brevet Major A. F. Mechem, assistant surgeon United States army, has been ordered to report to Surgeon General Barnes for assignment to duty.

Correspondence.

DOMESTIC.

The Communicability of Cholera.

Editor Medical and Surgical Reporter:

In a letter recently contributed to your paper —April 14th—by Dr. C. A. Lee, he cites the two well-known instances of cholera manifesting itself on shipboard many days after leaving a port where no cholera existed at the time of their departure. These two cases seem to form the principal stock in trade of that portion of the profession who disbelieve in the communicability or portability of the disease—contagious, if you choose to use the term—and although they admit of a perfectly satisfactory explanation, are to the uninformed apparently so conclusive, that they should be met at every mention by a counter-statement of the true facts in the case. At the time I had the honor to make my communication to the Board of Health of this city—Jan. 29th—I hazarded the opinion, "these cases show the longest time of incubation on record, but it is by no means proved that the passengers did not contract the disease by exposure to the contagious principle after they embarked, instead of before they quitted the land." Subsequent evidence has made certain what at that time was only conjecture. Dr. Marsden, of Quebec, in a communication to the *Morning Chronicle*, Feb. 19th, 1866, furnishes the following very satisfactory explanation why cholera occurred at that late date on board the ship which had been twenty-seven days at sea:

"Of the vessel that sailed on the 9th of November, 1848, from Havre for New York, the facts were remarkable and are these: When the vessel referred to (the ship New York) reached the Northern Atlantic coast, near Cape Sable, the weather became cold and boisterous. Among the passengers were a number of German emigrants, who came from a place where cholera prevailed, and had been among it. One of them had a chest of clothing which belonged to a person who had died of cholera. The chest was opened, the clothing taken out and used, and on Tuesday, the 22d November, a child was taken ill at 2 P. M., and died at 8 P. M., and a second child died with similar symptoms. On the following Wednesday and Thursday, four men were reported sick, two of whom died suddenly with symptoms of cholera. A third died from what was regarded as a case of dysentery. Twelve were landed at the quarantine station at Staten Island, of whom three died, etc."

He also gives another instance of contagiousness:

"A sailor died in some port in Europe, of

Asiatic Cholera, in 1832. A chest containing his *personal effects*, clothing, etc., was sent home to his family, who lived at a small straggling village on the Atlantic coast in the State of Maine. It reached them about Christmas, 1832, and was opened on arrival. The inmates of the house were all immediately and suddenly seized with a disease resembling Asiatic cholera in all its malignity, and died! There had been no cholera in the State. Had this occurred in summer, instead of in the depth of winter, and in a more thickly peopled locality, there would doubtless have been a repetition of the recent Guadaloupe tragedy, by which a whole country became infected from the clothing of persons who had died of Asiatic cholera, which had been sent ashore to be washed. In this case, had the infamous conduct of the pilot who sent the things secretly on shore not been discovered, the case would have been handed down as a wonderful non-contagious fact of Asiatic cholera breaking out without infection or importation."

The authenticity of the last quoted case is also attested by the venerable Prof. R. D. Mussey, now residing in this city, who, as his son informs me, was at the time fully conversant with the facts.

At the present time, the facts observed in connection with the outbreak of cholera on board the two emigrant steamers, England and Virginia, have been widely quoted as showing the epidemic nature of the disease. These two vessels sailed from the same port, where no cases of cholera were known to exist at the time, and none had been previously noticed, at an interval of a week. The disease appeared on board both of them at the same relative period; and, their rate of sailing being equal, at the same place in the ocean. An eminent sanitarian has gravely assured us that they steamed into a belt of infected atmosphere, which he also reports as gradually approaching this hemisphere, and when they were enveloped in it, the disease broke out as a consequence. Credat Judæus.—Can it be possible for imagination to go further than to suppose an ærial belt of disorganized and poisonous atmosphere to remain stationary for a week, hovering over a particular locality of the ocean, and only two solitary vessels affected by the deadly miasm? By what good fortune did the Cunard steamers, which must have crossed this fatal spot, both on their outward and inward passages, as well as other vessels, escape its influence? And yet the naked fact remains, that all who were exposed to this miasm none but those who had come, by a very short transit—two or three days—from the continent of Europe, where the disease had been more or less prevalent for months, and who, on their embarkation, as reported, were suffering from diarrhœa—cholerine—were affected. The disease was confined to the steerage—not invading the cabin at all—and in this respect following the same rule which governed the course of the attack on board the Atlanta and the Herman, which arrived at New York in November last.

It would seem, Mr. Editor, that at a time like the present, when, as it were, we are standing face to face with death, that every true member of the profession should divest himself of every personal consideration, and for the sake of humanity, seriously inquire of himself, Where am I? Am I truly open to conviction, or in a blind determination to adhere to an opinion formed, long since, it may be, and upon insufficient grounds—am I shutting my senses to the teachings of the present? This is a question which comes home to all, and which each must answer for himself.

William Read, M. D.

Boston, April 25th, 1866.

Is Asiatic Cholera Contagious?

Editor Medical and Surgical Reporter:

It was my intention to reply to the very gentlemanly(?) comments of one of your correspondents, upon the views given in my letters relating to Asiatic cholera; but want of time has absoultely prevented. It is probably no great loss to your readers.

At any rate, the time has now arrived, when the discussion of theories must yield in importance to the observation of facts, which, if properly investigated, will confirm or destroy all theories. My only desire is for truth, and I am particularly anxious that all facts which will illustrate disputed points in relation to Asiatic cholera, should be carefully observed, fully reported, and published, in exact accordance with the truth.

We have already some facts which, though not yet fully reported, will serve to illustrate the importance of the subject.

The steamship *England* sailed from Liverpool with a large crowd of steerage passengers, and the first cases of cholera appeared when she was *six days* out. The steamship *Virginia*, in similar condition, sailed two weeks later, and the cholera appeared when she was *eight days* out.

There was no cholera in Liverpool, and there had been none at the last dates. The newspapers stated that the disease was supposed to have been brought on board the *England* by the German passengers; but there is no evidence whatever given of this, and in the list of deaths from cholera on that vessel, the first death, on the first

day, is *Ann Brennan*, evidently not a German name.

With regard to the passengers on the *Virginia*, which arrived at New York, Dr. DALTON, the sanitary superintendent of that city, after investigation, says:

"The passengers had no knowledge, so far as we ascertained, of the existence of any epidemic in any of the places they came from, or through which they passed on their way to Liverpool. There is evidence, however, that in certain towns of Saxony, near which some of them have resided, the disease had appeared during the past winter. *All were perfectly well at date of sailing* (April 4th,) *and remained so until the 12th*, when three persons, a man, woman, and child, died after a few hours illness, with symptoms of epidemic cholera."

I understand that the subject will be further investigated by the authorities in New York, and trust that no pains will be spared to make the investigation thorough and complete.

It seems to me that the advocates of contagion or of "portability" can derive precious little "aid and comfort" from the facts so far as known in relation to these vessels.

At the same time, with our yet incomplete knowledge of the facts, I would not wish to be considered as presenting them as positive proof that cholera is not portable, though they fully confirm what I fully believe to be the true theory on the subject.

I present them to illustrate how interesting and important the facts may be, hoping it may incite your readers to investigate thoroughly and report fully the history, for weeks previous, of the first cases of cholera they may meet with during the coming season.

When we obtain the exact latitude and longitude in which the first cases of cholera appeared on these two vessels, and others which will probably arrive soon, we may be able to trace the daily progress of the atmospheric cause of cholera, which is evidently now on the Atlantic ocean, and probably approaching this country.

There are many other points connected with these facts and their relation to the subject of quarantine which I would like to present, but want of time forbids. A few weeks will show "that quarantines to prevent Asiatic cholera are utterly useless."

EDWIN M. SNOW, M.D.

Providence, R. I., April 25, 1866.

—— It is stated that a young non-commissioned officer recently died of typhus fever in a hospital at Tourney, and a post-mortem examination revealed the fact that all internal organs were reversed—the heart on the right side, etc.

Treatment of Cerebro-Spinal Meningitis.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In your last issue, Dr. PALMER, of Sauquoit, N. Y., asks for "practical hints, derived from experience," in the treatment of cerebro-spinal meningitis.

This terrible disease has been quite prevalent of late in this portion (Luzerne and Wayne counties), of Pennsylvania, and if any experience I have obtained can be rendered available in its treatment, it shall be freely given.

When the disease first visited this region, the great majority of the cases proved fatal. In fact the deaths were numbered in one locality, Carbondale, by hundreds; and in many others, as Clark's Green and Waymart, by scores. But in regard to the treatment, as far as my observation extended, what might be termed the abortive treatment, proved most successful.

For instance, when called to a patient attacked with this disease, and called *early*, for time is of the greatest moment, if treatment of any kind is to be effectual, and the symptoms are severe, viz., pain in the *back of the head*, or elsewhere, hot skin, with tenderness of the same, rapid pulse, congested conjunctiva, perhaps delirium, or convulsions, if the patient is young. Give ipecac. to promote or increase vomiting—if pulse is very rapid or hard, veratrum, to keep up secretion, for several hours, followed with a cathartic dose of calomel. At the same time, or as soon as possible, apply a good blister to the nucha, as this is as near the seat of the disease as we can command; and if these remedies do not produce diaphoresis freely, also give or follow with the liquor ammoniæ acetatis, and put in the bed, near the patient, a *hot brick*, wrapped in wet flannel.

This is a great deal for one poor patient to undergo, perhaps all in twenty-four hours, but it is better to subject *one* occasionally to an unnecessary amount of treatment, and be pretty sure of relieving him, than to let the disease produce lesion of the cerebro-spinal nervous system, that all the forces of the medical art cannot alleviate in many others, if treated with temerity.

It is not difficult to diagnose this disease, especially if epidemic, and if treated thus, early, the majority will recover. At least such has been my experience, and if others have had different results, under the same circumstances, and similar treatment, I hope they will state the fact through your journal, that we may all learn, and unlearn, and learn again, until this disease may not prove another Gibraltar for medical science to beat against in vain. By the way, I, for one, would like very much to hear, through the RE-

porter, the result of the autopsies made in Carbondale, by Dr. Throup and others, during the epidemic which made such fearful work in that place and vicinity.

If this sort of abortive treatment is successful, little else is necessary, except a mild tonic course with quinia, if any malarial complication is evident.

If it is not successful, the opposite, or quinia, opium, and brandy treatment, will, I think, be attended with a greater fatality, and one must sooner or later resign his unfortunate patient a sure victim to the disease.

G. B. Curtis.

Hawley, Pa., April 23d, 1866.

Case of Paraplegia—Use of Strychnia followed by Abortion—Dead Fœtus carried two months.

Editor Medical and Surgical Reporter:

On the 19th of July, 1863, I was called, in company with Dr. R., to see Mrs. V., who had been afflicted with paraplegia, having been unable to walk for some four months, during which time she changed physicians four times. After a careful examination, we found considerable tenderness of the lumbar vertebræ; also pain in the region of the kidneys, with disordered state of the urine. She had not menstruated for four months. All her physicians, including the one with me, pronounced her not pregnant. For my part, I gave it as my opinion that she was *enceinte*, although I could not ascertain that fact by vaginal examination. I was led to believe her pregnant, from the fact that 19 out of 20 of all the married ladies that have ever applied to me for remedies to "bring on the courses," were pregnant; and I also could discern some freckles on her forehead, though scarcely perceptible.

It was agreed upon to give her 16 drops of Hall's solution of strychnia, half a drachm of the sesquichloride of iron, three times a day, with an occasional dose of nitric ether, and also to introduce a seton in the tender portion of the spine. Having introduced a seton, and given directions how to take the medicines, we left her for two days, when, upon our return, we found her considerably improved. The tenderness in the region of the kidney was abated, and the urinal secretion improved in appearance.

She is certain now that she is pregnant, having distinctly felt the movement of the fœtus. On consultation the treatment was continued, with the exception of the increase in the dose of Hall's solution, at the rate of two drops a day, until it would reach thirty.

August 9th. Our patient is still improving, can walk some with the use of crutches. Treatment continued. On the 16th of September I received a message to come in great haste, as she was going to be confined. When I arrived, I found her suffering considerably from irregular pains in her back and abdomen. She informed me that she could feel the child struggling within her for two days previous, until all at once it ceased to move at all, and that she believed it to be dead now.

I waited four or five hours; the pains began to wear off, and finally left her, as I was told the next day.

She had been taking the strychnia up to this time, but not very regularly. The seton was still kept discharging.

November 21, delivered her of a dead seven-months fœtus, considerably decomposed, it having evidently perished, when she felt it struggling within her, two months before. There was nothing uncommon during her labor; the placenta was spontaneously expelled, and in some three weeks she was able to walk on her crutches, as before. She is still living, but has not improved any since her confinement.

E. A. Oppelt, M. D.

Trenton, Ohio.

Liquor Potassæ Arsenitis in Diabetes Insipidus.

Editor Medical and Surgical Reporter:

An old lady came to me, complaining that she was obliged to rise frequently during the night to void her urine. She stated that she sometimes passed as much as sixty-four fluid ounces in one night.

The old lady had been troubled in this way for more than two years, otherwise her health was generally good, with the exception of occasional attacks of asthma, to which she was subject. For this latter complaint, she had been advised to take five drops of Fowler's solution every night, before retiring. Much to her surprise, she noticed that the secretion of urine was now reduced to its normal amount, and continued so as long as she used the solution.

Lately, however, she had discontinued the use of the arsenical preparation, and the kidneys again secreted an abnormal quantity of urine, and as before, she was obliged to rise frequently during the night to urinate.

I recommended her to try the Fowler's solution again. She did so, and with the same result as formerly. The urine was no longer secreted in excessive quantity, and her nights were passed in undisturbed repose.

Thomas Byrnes, M. D.

Walcott, Iowa.

News and Miscellany.

A New Anæsthetic.

Another use for petroleum.—The Boston *Medical and Surgical Journal* has a paper communicated by Dr. HENRY J. BIGELOW, describing a new anæsthetic. The name "rhigolene," from the Greek word which means extreme cold, is proposed by Dr. BIGELOW for a petroleum naptha, boiling at seventy degrees Fahrenheit. It is one of the most votatile liquids obtained by the distillation of petroleum, and is applied to the production of cold by evaporation. It is a hydrocarbon, wholly destitute of oxygen, and is the lightest of all known liquids, having a specific gravity of 0.625. Dr. BIGELOW, after speaking of the different products of petroleum, says:—

"When it was learned here that Mr. RICHARDSON, of London, had produced a useful anæsthesia by freezing, through the agency of ether vapor, reducing the temperature to six degrees below zero, F., it occurred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive than ether. Mr. MERRILL having, at my request, manufactured a liquid of which the boiling point was seventy degrees F., it proved that the mercury was easily depressed by this agent to nineteen degrees below zero, and that the skin could be with certainty frozen hard in five or ten seconds. A lower temperature, might doubtless, be produced, were it not for the ice which surrounds the bulb of the thermometer.

"Freezing by rhigolene is far more sure than by ether, as suggested by Mr. RICHARDSON, inasmuch as common ether, boiling only at about ninety-six degrees instead of seventy degrees, often fails to produce an adequate degree of cold. The rhigolene is more convenient and more easily controlled than the freezing mixtures hitherto employed. Being quick in its action, inexpensive and comparatively odorless, it will supersede general or local anæsthesia by ether or chloroform for small operations and in private houses. * * * But for large operations it is obviously less convenient than general anæsthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent, but if continued or used on a large scale, the dangers of frost bite and mortification must be imminent."

In 1861 Dr. BIGELOW, in experimenting with kerosolenes, of four different densities, found the lightest of them, the boiling-point of which was ninety-degrees, to be an efficient anæsthetic by inhalation.

—— Dr. D. C. AMBLER was drowned two or three weeks since near Jacksonville, Florida. The boat in which he was, with three other men, was run down and sunk by a steamer, and they were all lost. Dr. Ambler formerly resided at New York, and had considerable reputation as a dentist.

—— Two young Russian women are at present studying medicine at the University of Zurich, and show, it is stated, much aptitude for that profession.

—— PHILO CHASE, of Litchfield, Conn., died recently, aged seventy-five years. For the last twenty-five years his daily diet has been three pints of milk and one of whisky. He adopted that diet from convictions that solid food injured him.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Owing to the difficulty of securing adequate accommodations in the town of Kingston, selected for the next annual meeting of the Medical Society of the State of Pennsylvania, and in accordance with the wishes and request of the Luzerne County Medical Society, the meeting of the State Society will be held, on Wednesday the 13th day of June next, at Wilkesbarre, the county seat of Luzerne county, and only one mile distant from Kingston.

Delegates, upon arriving at Wilkesbarre, are requested to report immediately at the office of the Wyoming Valley Hotel, where the Committee of Reception will be in attendance.

Efforts are making to secure commutation tickets over the various railroads leading from different points in the State to Wilkesbarre.

By order of the Committee of Arrangement.

MARRIED.

BINGHAM—POTTS.—In San Francisco, California, March 10th, by the Rev. Donald McLaren, U. S. N., Edward B. Bingham, Assistant Surgeon of the U. S. steamer Lancaster, and Hannah M. Potts, of San Francisco.

HOOVER—BATES.—In this city, April 24th, by the Rev. John Chambers, Dr. N. M. Hoover, of Weston, Pa., and Mrs. Sue Bates, of Philadelphia.

JEWELL—PERKINS.—In New York, April 23, George Parke Jewell, M. D., of Minnesota, and Miss L'aimée Perkins, daughter of the late Joseph Perkins, of that city.

MERRITT—SANFORD.—In Norwalk, Conn., April 25, by Rev. Dr. Mead, Dr. John P. Merritt, of Bridgeport, and Miss Mary Ames, eldest daughter of Daniel Sanford, Esq., of Redding, Conn.

MITCHELL—DEXTER.—In Boston, April 9, by Rev. Mr. Chancy, Dr. H. Winslow Mitchell, of New York, and Sara M. Dexter, of Boston.

PITCHER—STEVENS.—At Charlestown, Mass., April 4th, at the Harvard Church, by Rev. J. S. Barrows, assisted by Rev. G. S. Ellis, D. D., Horace H. Pitcher, of New York, and Nellie M. Stevens, daughter of Dr. Thomas J. Stevens, of Charlestown.

SEITZINGER—RICE.—In this city, April 24, by Right Rev. Bishop Wood, assisted by Rev. A. J. McCourmy, Franklin S. Seitzinger, M. D., and Joanna Carleton, daughter of the late Christopher C. Rice, U. S. N.

SMITH—ANSON.—In this city, April 23d, by Rev. R. F. Young, Henry A. M. Smith, M. D., of Gloucester city, N. J., and Miss Lizzie W., youngest daughter of John Anson, Esq., of Chestnut Hill, Philadelphia.

VAUGHAN—WELLS.—In Cambridge, Mass., April 23, by Rev. J. D. Wells, of Quincy, Dr. C. E. Vaughan, and Miss E. F. Wells, daughter of the late Rev. G. W. Wells, both of Cambridge.

WHITEHEAD—MERCER.—In Trinity Church, Newark, N. J., April 25, by Rev. J. C. Eccleston, D. D., William Whitehead, of Altoona, Penn., and Gertrude E. Mercer, daughter of Dr. William T. Mercer, of the former place.

WILSON—HOLLAND.—In Chester Valley, Pennsylvania, April 19th, by the Rev. R. M. Patterson, Charles M. Wilson, M. D., of Chadd's Ford, and Mary E., daughter of Alexander Holland, Esq., of Tredyffin, Chester county, Pa.

DIED.

BARBER.—In Orwell, N. Y., on Thursday, April 12, Mrs. Mary Barber, wife of Dr. Joel Barber, aged 73 years.

CREIGH.—In Waynesburg, Pennsylvania, April 15th, Dr. William L. Creigh, in the fifty-third year of his age.

DEAL.—In Nevada city, March 19, 1866, James H. Deal, son of Dr. William Grove Deal, aged 22 years, 5 months, and 10 days.

McKelway.—In Trenton, N. J., April 25th, Isabella, wife of Dr. John McKelway, aged 80 years.

Newby.—In New York, April 22, Frederick William, youngest child of Dr. George and Ann Newby, aged 5 months and 17 days.

Pyles.—In Louisville, Ky., April 26th, of consumption, Dr. M. Pyles.

Seaton.—In Maysville, Ky., April 9, of disease of the heart, Dr. Ambrose Seaton, in the 62d year of his age.

Shackerly.—In Brooklyn, April 20, Isaac F. Shackerly, M. D., late U. S. Army, aged 26 years, 1 month, and 7 days.

Shepherd.—In Trenton, N. J., April 20th, Eugene James, son of Doctor C. and Jennie Shepherd, aged 19 months and 2 days.

OBITUARIES.

Died.—On the 26th of February, of phthisis pulmonalis, at the residence of his father, in Chester Valley, Chester County Pennsylvania,

John Aiken, M. D.,

late Surgeon of the 71st Regiment, Pennsylvania Volunteers.

Dr. Aiken was born in Philadelphia, 8th October, 1838; graduated from the Medical Department of the University of Pennsylvania, in 1862; was appointed Assistant Surgeon of the 71st Pennsylvania Regiment in the summer of that year; was promoted to the post of Surgeon in the spring of 1863; was present at the bloody battles of Antietam, Chancellorsville, Gettysburgh, and the Wilderness; and after the latter engagement, with one assistant, and their hospital of five hundred wounded, was left in Rebel hands, but after suffering an imprisonment of several weeks, for want of means of transportation farther south, was released.

In July, 1864, his regiment was mustered out of the service, and he returned home.

Soon after, he received a second appointment, this time being placed on the Medical Staff of Lieut.-General Grant, and given charge of a field hospital. After a certain day's excessive labor, in preparing for the removal of his hospital, in view of the advance of the enemy, he slept on the damp, cold field, and next day was attacked by pneumonia, which soon after brought to light the existence of tubercle.

Being now too weak for more active duties, he was assigned to the superintendence of the 2d Army Corps Hospital at City Point, with about twenty-six Assistant Surgeons under him, and from twenty-five to twenty-seven hundred wounded men in care.

Again, however, it soon became evident that his duties were too arduous, and he came home once more, in feeble health, to die another martyr for his country's weal.

Naturally bright mentally, and laudably ambitious, he rapidly rose in his professional position in the army. Of a kind generous disposition, he obtained the love of all with whom he became acquainted; and trusting in the merits of his Saviour, he died a Christian. J. G. Y.

Joseph M. Smith, M. D.

New York Academy of Medicine—Resolutions on the Death of the late President, Dr. Joseph M. Smith—Speech on his character, etc.

A special meeting of the New York Academy of Medicine was held in the lecture room of Dr. Rice's Church, corner of Fifth avenue and Nineteenth Street, on Tuesday, the 24th inst., for the purpose of taking action concerning the death of their former President, Dr. Joseph M. Smith. The President, Dr. James Anderson, called the meeting to order, and Dr. F. A. Burrall was appointed Secretary pro tem., after which the President alluded briefly but feelingly to the circumstance which had called the members of the Academy together.

Doctors E. Delafield, Bulkley and Loomis, were appointed a Committee to present appropriate resolutions, and Doctors Bibbins, E. B. Belden and W. H. Draper a Committee of Arrangements.

In offering the resolutions, Dr. Delafield remarked that he was called upon to perform a grateful though painful duty. He felt painfully the loss of a friend with whom he had been associated for many years in the same institution and in ministering to the sick. He had enjoyed and valued the friendship of Dr. Smith, and no human being could speak ill of the beauty of his character, his amiability and worth. Dr. Smith had lived a long life, had made friends everywhere and enemies nowhere. His reputation as a consulting physician was extensive, and those physicians who called him in consultation knew that they would meet a man of learning, a gentleman, and one who was worthy of their confidence. Yet he did not rise to eulogize the deceased, and would offer the following resolutions:

Resolved, That the Academy has received the announcement of the death of Dr. Joseph M. Smith, formerly President, and many years one of the most distinguished members of their Association, with the deepest concern.

Resolved, That, although after a life passed in the exercise of his professional duties in a manner always honorable to himself and acceptable to those to whom he ministered, the loss to his family and friends must still be severe and their grief heartfelt, they have much ground for consolation in the recollection that the well-spent life of their departed friend has only terminated after a period not very often reached by our race.

Resolved, That apart from high professional reputation always enjoyed by Dr. Smith, both as a practitioner of medicine and one of the ablest teachers of his day, his excellent private character, his many Christian virtues, his uniform courtesy and honorable intercourse with his fellows, have endeared him to the entire profession of the city, as well as to a large circle of private friends.

Resolved, That while the Academy deeply sympathizes with his family in their bereavement, they, with all his other friends, feel confident that when time has softened the sadness of parting, the memory of his life will be an enduring source of comfort and pleasure to those from whom he has been taken away.

Resolved, That the members of this Academy will attend the funeral of the deceased, and that the usual badge of mourning be worn on the occasion.

Resolved, That a copy of these resolutions be presented to the family of our late member, signed by the officers of the Academy.

Dr. J. H. Griscom rose to second the resolutions, and referred to the estimable character of the deceased. Was there among us, he asked, a man more amiable, virtuous or intelligent than Dr. Smith had been? He confessed his own inability to mention such a one. Dr. Smith was cordially prized by all who knew him.

The resolutions were unanimously adopted.

Dr. W. H. Roberts then observed:

Mr. President: I cannot refrain from offering my humble tribute to the memory of the good man whose loss we are this day assembled to mourn. I have known him more than forty years. I have been many times in intimate professional relations with him, and can speak of him as truly and estimate him as highly as many of my older professional brethren who knew him better. Who that ever approached him was not charmed with the sweetness and softness of his manner, his courteous and dignified affability, his kind and considerate interest wherever his advise was required, and the delicacy with which that advice was given. At the bedside, how gentle and patient; in investigation, how painstaking; in diagnosis, how accurate; in pathology, how perfect; in practice, how ready and judicious. No one more thoroughly respected the feelings and interests of his professional brethren than Dr. Smith. To his brethren, he was *decus et tutamen*, and they loved and honored and treated him accordingly. He had neither enemies nor detractors. Dr. Smith was a learned scholar, an industrious, able and eloquent writer, and an agreeable speaker. His contributions to medical science are numerous, varied and valuable, of which the most noted—his Philosophy of Epidemics—will ever remain an imperishable monument of his research and learning.

His zeal and services in the Sanitary Commission and his long and benevolent hospital service bear witness to his philanthropy and disinterestedness. The purity of his life and morals testify to the exalted religious influences by which his life was governed. He was a Christian physican, citizen, husband, father and friend. He leaves us now when we never could have loved him better, at a ripe old age, after an active, useful and prosperous career, in the fulness of professional honor, alike beloved and regretted by his professional brethren and fellow-citizens. We cannot sorrow that he has gone thus to reap the rich reward of his long and faithful services, and has entered into the joy of his Lord; but we can cherish the remembrance of his gentle kindness, of his merits and his virtues; we can imitate his example, and to his younger brethren and those who are to come after him we may say, "Go ye and do likewise." Mr. President, I fully concur in these resolutions.

Remarks were also made by Drs. Bulkley and Raphael.

On motion of Dr. Henschel, the meeting then adjourned.

James Anderson, M. D., President.

F. A. Burrall, M. D., Secretary pro tem.

METEOROLOGY.

April,	16,	17,	18,	19,	20,	21,	22,
Wind	N. E.	N. E.	E.	S. W.	S.	S. W.	S. W.
Weather	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy.	Clear.	Clear.	Clear. Shw'r. T. & L.	Clear.
Depth Rain	7-10	7-10				2-10	
Thermometer.							
Minimum	46°	41°	40°	52°	55°	60°	61°
At 8 A. M.	47	49	56	65	64	67	67
At 12 M.	49	55	63	73	77	79	77
At 3 P. M.	49	54	63	75	78	80	77
Mean	47.75	49.75	55.50	66.25	68 50	71.50	70.50
Barometer.							
At 12 M.	30.3	30.5	30.4	30.3	30.1	29.9	29.7

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 480.] PHILADELPHIA, MAY 12, 1866. [Vol. XIV.—No. 19.

Original Department.

Lectures.

INTRODUCTORY LECTURE TO COURSE ON HYGIENE.

Aux. Faculty of Medicine, University of Pennsylvania, April 3d, 1866.

By Henry Hartshorne, M. D.

Without any intent to arrogate more than belongs to the department of Hygiene, it appears to me not too much to say, that it is hardly second in *intrinsic* importance to any of those taught in the University. If prevention is always *better* than cure;—if the enjoyment and strength of life depend not only on rescue from dangerous diseases, but also on the possession of vigorous health;—and if a large part of sound practical therapeutics consists in measures rather hygienic than medicinal, as I believe,—then I think my proposition is sustained. Should more be wanting to enforce it, it may be found in the relation of sanitary science, public hygiene, to the vitality and mortality of communities. Sanitary science is essentially State medicine. There is no other therapeutics for masses of men. And when we compare results, involving large numbers of human beings, does not preventive medicine exhibit triumphs greater than those of curative practice? I have no wish whatever to depreciate these; I rejoice in them all. But look at the facts.

In Constantinople, in the year 543, of our era, 10,000 people, for a time, died daily of plague. In eight years from 1345, plague destroyed in all, in various places, about half of the then existing population of the globe. In 1665, 68,000 died from the same disease, in the city of London alone.

Now, from hygienic measures, there is no reason to doubt, from the application of sanitary principles, it has come that plague has been banished from Europe, and almost extinguished in the East.

Severe epidemics of cholera have a mortality of 50, or more, per cent. The power of medicine to reduce this, has as yet been small. But it is considered that the city of Baltimore was saved from the visitation of this scourge, in 1849 and 1854, by timely precautions taken by its authorities, favored by local facilities for them in its site.

Yellow fever has, at some times, and in certain places, been almost as destructive. No antidote, no specific remedial treatment has as yet been found for it. But General Butler demonstrated the possibility of its total *prevention*, in the midst of war and previous confusion, during the late military occupation of New Orleans. A great mortality, among persons altogether unacclimated, must have been thus averted.

It is almost a proverbial saying in England, that "the annual slaughter in England and Wales, from preventible causes of *typhus fever alone*, is double the amount of what was suffered by the allied armies at the battle of Waterloo." In the time of Sydenham, plague, small-pox, dysentery, and scurvy, caused most of the mortality in London; diseases, two of which are capable of prevention, and the others of great mitigation by sanitary measures.

In France, Baudelocque describes a striking example in regard to scrofula. The village of Oresmeaux, though one hundred feet above the plain, was, sixty years and more since, built of clay, without windows to the houses; all being very damp. Scrofula affected nearly all the families, and extinguished several. A fire then destroyed nearly a third of the village. That part was rebuilt in a better manner, and by degrees scrofula disappeared from it; remaining in the rest. Twenty years after, another fire consumed another third; this, too, was rebuilt with improvements, and the same gain in health was observed. After that, while scrofula continued destructively in the old portion of the village, the new parts continued to be entirely free from it.

The remarkable cures of goitre and disgusting cretinism obtained in Switzerland (by Dr. Guggenbühl) through the simple removal of those affected to high and salubrious localities, illustrate the same point.

So does the account cited by Dr. Combe of the Island of St. Kilda. In 1838, of every ten chil-

dren of its inhabitants, eight died between the eighth and twelfth days of their existence. Yet a clergyman resident there had at the same time a family of four children, in good health. What made the difference? His house was constructed and managed as a house ought to be; while the huts of the natives were small, low-roofed, without windows, and used in winter as receptacles of manure, laid out upon the floors and trodden under foot to a depth of several feet. But I need not multiply these examples, in which all sanitary records abound. I wish to add only one, which has great significance. Mr. Chadwick asserts that, in a well-marked instance, involving a number of families, *intemperance*, hopeless to all appearance, in a low, insalubrious quarter of London, became curable — yielded to reform under effort—when the subjects of it were transferred to an open, healthful, and comfortable locality. Our bodies and our spirits are held fast in close companionship. To raise the one is to help the other. Past all doubt, sanitary improvement promotes domestic, social, and moral reform. The Board of Health is a good handmaid or helpmeet for the Board of Missions. Bread in the one hand and the Bible in the other, will do more for the feeble, suffering, and degraded poor, than two Bibles and no bread.

Let us glance now, for a few moments, at the *history* of our subject. Hygiene as an art, is older than therapeutics; as the avoidance of disease must have been, from instinct as well as intelligence, an object sought before the discovery of means for its medicinal relief. First hygiene, then surgery, then medicine; was the natural and historical order. The early temples of Æsculapius, before Hippocrates, were *sanitaria*, rather than schools of medical art; to that time a body of medical science could hardly be said to have begun to exist; and the first surgery, at all systematic, is referred to the need of the masters of the gymnasia and palæstra, to deal often with accidents occurring among the contestants in their exercises.

But, further back than this, some recognition of hygienic principles may be traced in the cradle of the most potent civilization of antiquity—in Egypt. In the great pyramid of Cheops is an arrangement evidently intended for the ventilation of its dark interior chambers. The embalming of bodies of the dead, not only of men but of animals, however it may have been associated with superstitious beliefs, is so well adapted to the prevention of insalubrity in a populous land with a tropical climate, as to make it likely that it sprang in great part from the preventive wisdom of the priests.

Neither is it irreverent, nor a disparagement of the divine authenticity of the Mosaic law, in whose ritualism so much reminds us of Egypt in the days of its monuments, to suppose that some things were retained in the Levitical code, of what was known and practised in the land of bondage before the Exodus. No doubt, however, Moses greatly extended the provisions required for health among his people. His regulations concerning food, ablutions, and other purifications, and segregation of persons with certain diseases, were imperative and precise. I will not detain you with examples from so familiar and accessible a document.

In ancient Greece, as I have intimated, physical culture was most highly esteemed. Socrates was in person a match for more than one, not only in philosophic disputation, but as a soldier on the field. Plato was a superior athlete, as well as the most divine of sages; and Alcibiades and Pericles were as swift of foot and strong of arm as they were eloquent of tongue and keen in state-craft, or bold in war. It is on good authority that I state the opinion, that the amazing intellectual supremacy of the men of Athens and other parts of Greece, from Homer to its decadence, was, in no small part, owing to the abundant care always maintained of the development of the *whole organization*, brain and body together—"*mens sana in corpore sano.*" In Sparta, a barbaric ruthlessness induced the custom of exposing infants to the rude elements, so as to allow only those whose bodies had vigor enough to be thus hardened to live; the feeble ones being destroyed by it. In most of the cities of ancient Greece, public baths existed, for both the rich and the poor. Gratuitous attendance, too, of the poor, for prevention as well as cure of disease, by *arch-iaters* appointed publicly for the purpose, prevailed. Democedes was one of the earliest of these. This custom was afterward imitated in Rome; and later, in Germany—where the *Meister-Arzt* of the 15th century, and the *Stadt-Arzt* and *Kreis-physicus* of later dates, had a similar place.

The goddess of health, Hygeia, of the Greeks, was the daughter of Æsculapius, god of medicine. Her name was mentioned, with the other deities, in the Hippocratic oath; which every loyal physician was required to take, as one of the Æsclepiadæ: "By Apollo, the physician, by Æsculapius, by Hygeia, Panacea, and all the gods and goddesses."

Of early *writers* upon hygiene in Greece, we

have HIPPOCRATES himself, the first, in his work on "Air, Waters, and Places;" a treatise in which the influence of climate and locality, not only upon health, but upon the characters of races of men, was pointed out as clearly and sagaciously as it has been since by MONTESQUIEU, in his "Esprit des Lois," written in 1748; and, with less originality, in our own times, by MICHELET, GUYOT, and BUCKLE. PHILISTON, DIOCLES, and PLUTARCH also wrote early hygienic treatises.

Positive measures of public hygiene were instituted, perhaps, first by ACRON, of Crotona, of the school of PYTHAGORAS; who is said to have dissipated the cause of a plague at Athens, by fires burned in the streets. EMPEDOCLES afterward found it possible to destroy or impede the action of malaria, in one instance by draining a swamp, and in another by building a high wall to protect an exposed town. HERODICUS was so famous for his application of gymnastics and regimen to the improvement of health, that PLATO accused him of doing an ill service to the State—by keeping alive people who ought to die, because, being valetudinarians and below par, they cost more than they were worth to the community.

Rome showed her appreciation of sanitary art, by extensive drainage of the base of the hills on which the city was built; by the magnificent sewer, Cloaca Maxima, of which a part is yet left, the oldest ruin of Europe, thirteen feet in diameter at the outlet; by the aqueducts, and by suburban interments, whose number is attested all along the Appian Way; and by the appointment of Ediles, officers whose duty was to inspect and regulate the construction, with a view to salubrity and safety, of all private and public buildings. Regulations of internal sanitary police, in regard to impurities of all kinds, were also highly advanced among the ancient Romans. Besides these, the private and public baths of Rome, some of them palatial in grandeur, were in part hygienic, although degenerating into effeminate luxuriousness; as the gymnasia did, at last, into the scenes of bloody gladiatorial fights of men and beasts.

Latin writers upon hygiene were especially CELSUS, GALEN, in an express work upon the care of health, ORIBASIUS, ÆTIUS, and PAULUS ÆGINETA.

Pass we from these, for want of intermediate material, over the quaint Latin poem of JOHN of Milan, in the beginning of the 12th century, to Quarantine. The purpose of this institution was the exclusion of the Egyptian plague from Italy. The name was derived from *quaranta*, forty, the term of days prescribed for the detention of suspected vessels on arrival at or near port, the time probably following one of the Mosaic periods of purification. I will give you here only a few dates, for I fear being tedious upon this historical theme, while able to make it but an outline.

Florence had the first beginning of quarantine, about 1348. Then Venice and Sardinia, and the other countries, afterward, of Europe. The earliest *lazaretto* dated about 1453. Regular quarantine was established in England in 1710. In 1700, WILLIAM PENN, the founder of our State and city, had enacted a quarantine law in Philadelphia.

Although the utility of quarantine for any purpose is now warmly disputed by some, and its range of availability and proper mode of management obviously need very different limitations, at all events, from those of the middle ages, its existence has been a cardinal fact in the history of sanitary science. It is to be hoped that our own day will witness the final settlement of all questions concerning it; and the bringing into harmony the now conflicting opinions of medical men, and, with the real facts, a reconciliation of the interests of commerce and the popular understanding of communities.

Including rightfully under hygiene all measures of "preventive medicine,"—we may rank the introduction of vaccination, by Dr. EDWARD JENNER, in 1798, as its most signal triumph. Nothing in all the records of our profession, not even the discovery of the power of cinchona in the cure of malarial disease, excels this in value to mankind.

A few words now upon the literature of modern hygiene.

BŒRHAAVE and CULLEN incidentally taught hygiene. LOCKE, the philosopher, wrote on physical education; but it is to France, in our own century, that we must ascribe the credit of the establishment of a definite science of "*hygiène*." The word itself is French. I shall not enumerate many names; but those of TOURTELLE, HALLÉ, DU CHATELET, TARDIEU, VILLERMÉ, FODÉRÉ, CABANIS, BOUDIN, LEVY, and BECQUEREL, must not be passed by here.

Personal hygiene was many years ago written upon in England, by Dr. A. COMBE and others; climatology, by JOHNSON, MARTIN, and JOHNSTON; public hygyiene has had its later lights there, in CHADWICK, SOUTHWOOD SMITH, SIMON, LETHEBY, GREENHOW, and FLORENCE NIGHTINGALE, the angel-hearted and nobly strong-minded

English woman. On the continent of Europe, outside of France, there have been—most noted as hygeists—Quetelet, Friedlander, Mühry, Casper, Hufeland, and others. Sanitary topics have now become—in Great Britain—favorite ones with all highly educated men. Their Social Science Association, and Epidemiological Society, have accomplished a great deal of good work.

In our own country, this department of science has not been altogether neglected. After Dr. Rush, one of the earliest and best writers upon it here, has been our distinguished fellow-citizen, Dr. John Bell. Another was the able and learned Professor Dunglison. An excellent treatise, especially upon military hygiene, was written during our late war, by Surgeon-General Hammond; and one on mental hygiene, by the eminent Dr. Ray, not long after. Besides, we have Drs. Jarvis and Curtis, of Boston; Snow, of Providence; E. Harris and Griscom, of New York; Barton, of New Orleans, and, far from the least, my distinguished friend, Dr. Jewell, of Philadelphia, the founder of the first American Sanitary Convention, and well known for many valuable sanitary labors.

Our science is, now, the rising science of the day. To it, in Europe, several well conducted periodicals—the *Annales D'Hygiène*, the oldest and best—are chiefly devoted. At Paris, public professorships of hygiene have been in existence for many years. In Great Britain, there are now two at least;—that of Prof. Parkes, in the Army Medical School at Netley, England,—and of Prof. Mapother, in the Irish Royal College of Surgeons, at Dublin. In the United States, while the subject has received some partial attention during courses upon other branches,—I am not aware of any definite public course of instruction expressly upon it—of any regular collegiate professorships of hygiene, until it was made a part of the plan of enlargement of the curriculum of this University, by the late munificent endowment of Professor Wood; the advantages of which we are now proceeding to enter upon.

I feel, then, gentlemen, that the responsibility I bear here is a somewhat heavy one. But, the same reason,—that this course is the first of its kind here,—gives good ground of claim for indulgence,—for asking lenient allowance for any deficiencies,—because there are no precedents to guide,—there is no routine to follow. I must depend upon your kind consideration in this.

But I have confidence in the interest of my subject; as well as in its importance. As to the latter, let me add a few words.

In France, in 1772, the annual proportion of deaths was 1 in 25; in 1845–6, 1 in 45. The mean duration of human life in the same country was in 1806, 28½ years: at present, 33.6 years. In London, in 1685,—not a sickly year—one in twenty of the inhabitants died; now it is but about one in forty. Macaulay estimated in his History, that the difference between London in the 17th and London in the 19th centuries, is as great as between the same city in ordinary years, and in those in which the cholera prevailed. Life has been prolonged twenty-five per cent. in the course of the last fifty years. In the 16th century, at Geneva, the mean probability of life was 8 or 9 years; in the 17th, 13 to 14; the 18th, about 30; and in the 19th, 40 to 45. Now to what is this great change owing? No doubt, advances in therapeutical, surgical, and obstetrical science and art have done much; but I am bold to believe that increased knowledge and observance of the laws of health have done more.

Much, however, remains yet to be done in the same field. Millions of men's lives are wasted annually by neglect, error, or ignorance. Less than a score of years ago, the mean duration of life in New York and Philadelphia was but between 20 and 21 years. Plague has become almost extinct; but yellow fever is dreaded, year after year, even in our own latitude; and, looking eastward across the sea, we now behold cholera, like a portentous cloud, looming in the distance, full of death and terror. These, too, have to be met and averted. Will it not be a triumph of hygiene, if it can be shown that all great pestilential epidemics are preventable? That no yellow fever need ever visit our ports,—no cholera ever cause panic in our cities? I believe this to be the truth,—and a truth than which hardly any other, of private or public interest, can have more importance.

I know that some very eminent sanitarians insist at present, especially in England, that too much has been made of *filth*, (which Lord Palmerston called "only matter *out of place*,") as a cause of disease. I know that contagion, positive, contingent or constructive, is dreaded by many still, almost as it was in the days of the first quarantine of the 14th century. Contagion is asserted of cholera, by some, even, of high medical authority. And so, too, of yellow fever.

It will be a part of my duty, during the progress of these lectures, briefly, but carefully to examine these questions; as bearing upon prophylactic measures, for individuals and communities. I hope to be able to show you that most,

if not all of the facts can be explained in harmony with the best humanitarian interests; and, hopefully for the cause of progress, commerce and social intercourse among mankind.

We shall never be able to drive disease from the earth. Not only the poor, but the sick, "will we have always with us." Man's life will never again be prolonged beyond a century. Enough, if he could be made to secure, as a mean, his three-score years and ten. Enough, if from those years were taken, by right self-management, of the "ills that flesh is heir to,"—all but those which a wise Providence would allot to us, without their being multiplied by our own ignorance or fault.

Communications.

OSSIFICATION of THE MITRAL VALVES, Complicated with Subacute Pleurisy of the Right Side.

By John C. Thompson, M. D.,

Of Washington, Middlesex co., New Jersey.

During the latter part of last April, I was first called to see the Rev. Mr. Goble, aged 66, of rather spare build, but a man who had enjoyed for years back very fair health. I found him suffering from an extremely severe attack of dyspnœa. I examined the left side of the chest, with as much accuracy as the symptoms would permit.

The examination, though unsatisfactory, pointed very clearly to some organic disease of the heart, the nature of which I left to be determined by a subsequent and more detailed examination. On questioning the patient I learned that he had been unwell for nearly two months, during which time he had been unsatisfactorily treated by some infinitesmal disciple of Hahnemann. Concerning the nature of the disease, as well as the treatment, the patient was profoundly ignorant, having evidently never been informed of either. His prominent symptoms had been pain and distress in the right side. His great trouble when I was called was *dyspnœa*, and as at that time he neither complained of pain nor uneasiness in the right side, I did not deem it worth while to go beyond the region of the heart for the apparent cause of his illness. At this time I simply endeavored to relieve him from the dyspnœa, which partially yielded to the ordinary remedies, such as camphor, hyoscyamus, etc.

A subsequent visit revealed the fact that his feet and legs were œdematous. This œdema was soon followed by general anasarca and ascites. As the effusion progressed, the dyspnœa became most obstinate. It hardly seemed possible that the patient could much longer endure the repeated suffocating attacks. For nearly two weeks he was almost entirely deprived of sleep, being unable to gain rest in any position. The administration of diuretics and hydragogue cathartics not only failed to diminish the effusion, but seemed powerless to arrest its rapid increase, so that by the middle of June the abdomen and lower extremities were enormously distended. About this time Dr. Baldwin, of New Brunswick, was called in consultation. After a careful examination, he pronounced the disease regurgitation by the mitral valve, and seemed to regard the case as well nigh hopeless. He advised persistence in the effort to get rid of the effusion, by means of mild diuretics and cathartics. The dyspnœa still continued with unabated force, threatening the patient with death at each paroxysm, and rapidly exhausting him by preventing sleep. I then determined to make an attempt to procure rest at all hazards, and gave morphia, in grain doses, until sleep was obtained. He then slept for the first time in several weeks quite comfortably, for nearly twenty-four hours, and on waking seemed remarkably refreshed.

The morphia was continued at intervals for about a week, when nature materially relieved the patient; the skin of the left leg gave way to the pressure of the effusion. Having found an outlet, the effusion now slowly diminished; and as it diminished the kidneys became active, responding to the influence of milder diuretics, aiding in the good work until the effusion entirely disappeared. During this time the inevitable dyspnœa still continued, but less rebellious than before, so that by antispasmodics given *pro re nata*, the patient was rendered much easier. During all this time the *general* treatment was tonic. Just as the effusion disappeared erysipelas set in, showing itself where the effusion had forced its way through. This rapidly exhausted the patient, until finally he sank into a delirious condition. And now for the first time the dyspnœa entirely left him. Under tonics and stimulants he rallied, but as he slowly recovered the dyspnœa again made its appearance, gaining vigor with the strength of the patient. By the customary treatment it could readily be controlled, and under the influence of tonics and generous diet the patient slowly convalesced, and was able during the greater part of the winter to be about the house. He now slept quite comfortably during the night, being only occasionally disturbed by an attack of dyspnœa. At

this time I saw him only twice a week, pursuing a general tonic treatment, and gratifying the increasing appetite with most nourishing food. During the month of January he felt well enough to venture on a visit to his son, so that I did not see him for some five weeks. A few days after his return I was called to see him, and found him complaining of distressing colic. This was readily relieved by slight opiate treatment, but returned again and again for some six weeks; during this time the appetite slowly failed, and the patient gradually sank away, until on the 7th of April he died from sheer exhaustion, not only free from dyspnœa, but breathing with remarkable ease, and preserving his intellect to the last.

Autopsy 48 hours after death. Drs. Stout, of South Amboy, and Van Gieson, of Englishtown, were present, and assisted in the dissection.

On opening the chest we found the right lung adherent to the thoracic wall. Nearly the whole of the lower lobe was atrophied and hardened, but not hepatized. It was attached to the walls of the chest by numerous strong bands of fibrine. The spaces between these bands were filled by a semi-gelatinous effusion, while the cavity of the chest was about one-third filled with seropurulent effusion.

The remaining part of the lung was healthy.

On bringing the heart to view, it was found to be moderately hypertrophied. The pericardium was quite firmly adherent, being with difficulty detached with the fingers.

The right ventricle and auricle were not dilated. The valves of the right side were healthy.

The left ventricle was considerably dilated.

The aortic valves were enormously thickened, and their free edges hard and unyielding. A stream of water directed parallel to the aortic current, regurgitated freely into the dilated ventricle, showing imperfect closure during life.

The mitral valves were also greatly thickened, and their free edges were rendered nearly as hard as bone, by calcific deposit. This bony deposit extended to about two-thirds of the circumference of the mitral orifice, and then leaving the valve, sent off a bony process on the muscular tissue. On looking at the auricular surface, the peculiar cresent-shape of the opening was quite apparent. Examining the ventricular aspect, the tendinous cords were found nearly healthy, being apparently not shortened; so that a stream of water applied in the direction of the ventricular current, permits but a very slight portion to regurgitate into the auricle. A few patches of atheroma were found on the aorta.

Abdominal organs healthy.

Remarks. Some thirty years ago, the reverend gentleman, who was the subject of this interesting lesion, suffered from an attack of acute articular rheumatism, for which he was bled, and soon recovered. It is not improbable that at this time the heart was involved, and the foundation of his future troubles laid. Nevertheless, he has enjoyed, until within a year or two, a very fair share of health; doing the hard work of a country clergyman, with no complaint of indisposition or fatigue.

For years at least, this bony deposit has been forming, the heart meanwhile gradually accommodating itself to the foreign body, so that but trifling inconvenience resulted. It might be conjectured that the aortic trouble was of more recent date than the mitral disease, for such an amount of aortic patency would soon produce serious symptoms; we therefore surmise that it was insidiously superadded during the latter years of the patient's life. On very closely examining the heart, and imitating by a stream of water as nearly as possible the current of blood controlled by the mitral valve, and noticing the very small amount that escapes into the auricle, we cannot well avoid the conclusion that *this extensive disease of the mitral valves interfered but little with the function of the heart, and of itself would not have produced death.* The valve was bony to be sure, but notice that it still performed its office, as its ventricular aspect was nearly healthy, so that the closure was quite complete, and regurgitation could have been but slight. The narrowing of the mitral orifice produced dilation of the auricle, by interfering with the free passage of the blood from the left auricle to the ventricle. The murmur therefore heard occasionally with the first sound of the heart during life must evidently be attributed, not to mitral regurgitation, but to the roughened leathery valves of the aorta. This was never marked enough at any time to enable me to form anything like a positive diagnosis.

It is not a little remarkable that extensive disease of the right lung should have remained undiscovered until after death; of some four excellent practitioners who saw the case at different times, not one examined the right side. A few taps of the finger would have revealed all this trouble, but yet not one of us thought of looking for it, as there was surely disease enough on the left side amply to account for all the symptoms observed. More remarkable is the fact that the patient never complained in the slightest degree of this right side. He neither had pain, nor did he cough, neither was there any

very striking alteration of the walls of the chest. We can readily enough imagine that this extensive pleuritic disease must have greatly aggravated and prolonged the distressing dyspnœa, which so persistently clung to the patient. We cannot but think, if the pleurisy had been early recognized, and properly treated, that our patient's life would have been somewhat lengthened, though sooner or later he must have been carried away with valvular disease. Such a complication of diseases it may not be our fortune again to meet with during a professional life-time, but be this as it may, one thing at least this post mortem has taught us, and that is, in all future cases of cardiac disease, to make a *thorough exploration* of the *whole* chest.

EXCISION OF EIGHT AND A HALF INCHES OF TIBIA, WITH GOOD RECOVERY AND A USEFUL LIMB.

By W. P. Moon, M. D.,

Of Philadelphia.

Believing that every case which gives us encouragement in the saving of valuable lives and *also useful limbs*, in the comparatively new field of surgery, excision, should be reported, I send you the following.

The vast amount of new bone that will form, under favorable circumstances, is truly astonishing, and it may well be a serious and difficult question at times for the surgeon to determine in some cases, both in civil and military practice, whether to excise or amputate.

Since I have seen what wonderful reparative power there is in nature, in this particular, I must confess I have performed one or two amputations which, with my present convictions, I should prefer to try excision for, should similar cases come under my care.

The question of mortality, however, will bear me out in this remark, I think that the chances of saving life are greater in amputation than in excision of some of the long bones. For example, the excision of both bones of the forearm has proved to be more fatal than amputation of the forearm. The same remark may be made in respect to excision of portions of the shaft of the humerus, the mortality being 3 per cent. greater than in amputation of the arm, as shown by the statistics of the late war. Respecting excisions of the shaft of the femur, we find the following decided judgment pronounced in Cir. No. 6, 1866, Surgeon-General U. S. A. "The specimens of the Museum and the records afford emphatic arguments against formal excision of the shaft of the femur. With one exception, the few cases that recovered were those in which, after removal of detached fragments, the least amount of operative interference had been practised. The mortality-rate after excisions of the tibia and fibula is less than after amputations, as the statistics stand; but the number of cases in which the result is still pending is unusually large." Excision of the elbow-joint has proved more unsuccessful than almost any other form of excision, and in the cases where success has attended the operation, which I have seen, the forearm has been of very little service, while amputation at the elbow has been proved to give the very best results, contrary to preconceived opinions.

Excisions of the tibia or fibula have given encouraging results, and by this means useful limbs have been retained, but the most gratifying benefits we have obtained are shown in excision of the shoulder-joint over that of amputation. As reported by the Surgeon-General, Cir. No. 6, page 46, there were 458 amputations and 575 excisions of the shoulder-joint, with a mortality, so far as heard from, of 6.7 per cent. greater in amputation than in excision. The remark is made, and is no doubt a satisfaction to the medical staff of the army, "It is creditable to the surgery of the war, that the number of cases of amputation at the shoulder-joint reported is less than the number of cases of excisions of the head of the humerus, and that the latter operation appears to have been adopted in nearly all cases in which it was admissible."

J. S., private Co. D, 179th N. Y. Vols., 39 years of age, was admitted to Mower U. S. A. Hospital, Chestnut Hill, Philadelphia, July 22d, 1864, for gun-shot wound of right leg, received at the battle of Petersburgh, Va., June 17, 1864.

A minnie-ball entered upper third of outside of right leg, passing downward obliquely through the spine of the tibia, at middle third, carrying away a small portion of the bone and emerging at inner side of the leg. The injury to the bone, though *apparently* slight, proved to be one of those contusions which destroy the vitality of the tissues to a considerable extent, and eventuate in a large amount of necrosis.

Simple dressings with water, followed by light simple cerate applications, were used for a few days, and for a time the wound seemed inclined to heal kindly, but sloughing of the soft parts, first in the track of the wound, and then of the bones, supervened. So far as the muscular tissues were concerned, the sloughing was arrested by the use of a gr. x. solution permanganate po-

tassa in water, but the slough of bone continued to extend until two-thirds of the tibia became involved in its entire circumference. Abscesses formed constantly, which were required to be opened.

During the progress of this exhausting injury a free stimulant and tonic treatment was kept up with nourishing diet, and the patient's health was comparatively good. At one time there was every prospect of an amputation being required, but active inflammation subsiding, and the condition of bone warranting, it was decided, October 24th, 1864, to remove the sequestrum, which proved to be eight and a half (8½) inches in length, from the epiphysis of the ankle-joint.

The periosteum being in a measure loose and quite easily detached, the posterior portion of it was left in the entire extent of the shaft. An incision along the spine of tibia, exposing nine or ten inches of the bone, was made, when it was readily removed by means of bone forceps. Dry dressings were used after the operation. The hæmorrhage being trifling, was easily controlled.

Nourishing diet with tonic treatment was continued, as before the operation. The soft parts, which had had an unnatural congested appearance, from this time took on healthy action, and the case progressed rapidly and favorably, *new bone forming the whole length of the periosteum* which was left in the wound. From the second week after the operation, a light cerate dressing was substituted for the dry dressings.

Dec. 8th. Healthy granulations throughout filling up from the bottom with new bone. Patient able to be about the ward on crutches. As a precautionary measure, an anterior and posterior felt splint, adjusted to the limb, was advised, and a permanent surgical appliance was eventually applied for permanent use.

Jan. 19, 1865. Patient able to go about, and wound closing up to within about three or four inches. Being very anxious to get home, under a promise that he would keep us informed of the progress of the case, he was discharged. Continued improvement.

May 10, 1865, he writes; "I am at work at my trade, coach-building, and have complete use of my injured leg, running up and down stairs as well as any of the workmen. The wound has entirely healed and new bone formed throughout. I still wear my artificial support."

Another case, in which I removed five and a half (5½) inches of tibia from J. W., private Co. G, 57th Pa. Vols., Nov. 7th, 1865, under similar circumstances, resulted in a like cure.

Hospital Reports.

Jefferson Medical College,
March 24th, 1866.

Selections from the

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Polyp of Rectum.

Mary D., 5 years of age. You observe, gentlemen, the polyp in this situation, a very rare form of disease, probably of fibroid character. It now protrudes at the verge of the anus, a distance of half an inch, distinctly on the outside, perfectly moveable, and attached apparently by a small narrow pedicle. I can perceive no distinct pulsation in it, as sometimes happens in this affection. You will never see a more interesting specimen of a polyp, in its natural or rather unnatural position, as its residence is within the bowel. It came down first, the mother states, eighteen months ago. It has grown gradually since last fall, when it was the size of a large pea. Now it is at least one inch in diameter, with a thickness of perhaps seven lines at its thickest part. There has occasionally been a good deal of bleeding, especially during the last year, when the child was at the water-closet. During this period the general health has not been good. Were this tumor within the bowel, in its proper position, it would undoubtedly be readily felt by the finger, and moved about, and the diagnosis not be at all difficult. But, inasmuch as it lies exterior to the anus, the diagnosis is revealed at a glance. If it were hemorrhoidal, it would not be moveable at all.

The tumor being gently pulled down and stretched, a double ligature, well waxed, was thrown around the pedicle, close to its attachment to the mucous membrane of the bowel, the ligature was then firmly tied with a double knot, to effect through strangulation. The application seemed to give a little pain. The tumor was now cut off close up to the ligature hemorrhage being thus avoided.

The tumor is of a flattened ovoidal shape, the pedicle being attached near one of its margins. It feels rather solid than otherwise, and I suppose, if it were carefully examined with a microscope, we should find it to be composed of fibroid tissue. It is very vascular, quite red, and not at all lobulated. The pedicle of such a tumor is usually narrow and short, but I had a case, a good many years ago, where the pedicle was at least four inches in length, exceedingly narrow, and looking very much like a long slender earthworm. The tumor, when low down in the bowel, is liable to protrude during defecation, and become more or less strangulated by contraction of the sphincter muscle. It is sometimes met with in elderly persons, but children under ten years of age are the peculiar subjects of it. How it originates it is impossible for us to determine. We can say nothing more in regard to this, with any degree of certainty, than we can of polyps of the nose, uterus, vagina, or any other of the mucous outlets of the body. The tumor is a source

of annoyance to the part rather than of pain. When it is of considerable size it acts obstructingly to the evacuation of the feces, and there is then generally a sense of stuffing or of weight in the part. More or less bleeding is liable to occur, especially when the child is at the water-closet, and the hemorrhage is sometimes considerable, even copious and exhaustive, if it is permitted to continue. The diagnosis is always readily determined. The first point is the history of the case, especially the age of the patient, who is usually young. In the next place, the child, if able to express its feelings, will complain of fulness, weight or stuffing in the lower bowel, and there will be occasional hemorrhage, accompanied sometimes by protrusion of the tumor at the verge of the anus. These are the most important symptoms, they are indeed almost diagnostic. When the finger is inserted into the bowel, a tumor, moveable, and seldom situated higher up than two or three inches, may be detected.

Inflammation of the Ear.

Louisa D., thirty-five years of age. This patient was before us, during my last term, on account of sebaceous tumors of the scalp. I removed three. Five still remain. She had erysipelas last July, following the operation. There is now almost complete occlusion of the auditory tube, evidently caused by inflammation there, as well as in the parts around, and some discharge, which is offensive, and soils the pillow at night. She has a little ringing in the right ear, and a very little pain. Her hands and feet are cold, she is flatulent, and her tongue is not clean. This is not a case of otitis, in the true sense of the term; more likely, it is inflammation of the structures of the auditory tube. What the condition of the tympanum is cannot be determined without examination by a good light, either artificial or natural, which could not be made on account of tumefaction in the auditory tube. As there is discharge, there is evidence of ulceration. That it does not involve the drum of the ear or ossicles, may be inferred from the fact that the woman can hear on that side. Probably the ulceration exists in the ceruminous glands, and the structures in their neighborhood. The inflammation on the outside is perhaps sympathetic irritation.

If there were decided pain in the parts, deep seated, and attended with great roaring and buzzing noises, we should then perhaps infer that the disease might be otitis, or inflammation of the interior of the ear; but there is no evidence of this kind. The general health is impaired; the blood impoverished. In order to relieve this inflammation of the ear, it is necessary not merely to treat the part itself, but also to address our remedies to the constitution. Her tongue is coated; the extremities are disposed to be cold, and she looks pale; circumstances clearly indicative of the propriety of administering alterants, and some of the chalybeate preparations. We will, therefore, put the woman upon the use of two and a half grains of blue mass, with an equal quantity of jalap, every other night, until the tongue becomes clean, and then every fourth night. The object is not to purge her freely, but simply to excite the secretions, as a large purgative would exhaust her. The best preparation of iron is the tincture of the chloride, and to enhance its value, it may be taken in union with quinine, in the proportion of twenty grains to the ounce. Of this she may take twenty drops four times a day, in sweetened water. Under this prescription her color will improve, her extremities become warmer, and her digestive organs increase in vitality and vigor. Let her guard against cold, which is a matter of great importance. The diet should be plain, simple and nutritious. I should have no hesitation to give this woman a little alcoholic stimulus, some good ale, a little claret, or port or sherry wine. As a local remedy, the best deodorizer, detergent, and alterant, is the permanganate of potassa. I prefer it to chlorinated soda. A drachm may be dissolved in two ounces of water, and of this a teaspoonful may be added to half a tumbler of warm water, to be injected three times during twenty-four hours, first washing the ear out with lukewarm water, and a little soap. A blister half an inch in diameter was ordered to be applied in front of the ear, as well as behind, with a view to the establishment of counter-irritation.

UNIVERSITY OF MARYLAND,
January, 1866.

SURGICAL CLINIC OF PROF. N. R. SMITH.

Reported by J. W. P. Bates, M. D., of Baltimore, Md.

Cataract.

Woman, 70. This old woman you saw me operate on about a year ago for cataract. I introduce a needle through the sclerotic and break it up if soft—if hard I depress it. In this case the cataract was a tough one and considerable inflammation of the iris resulted, which we combatted by the ordinary means. It presented a very unfavorable appearance for about six months, but now she can see as well as most persons of her age. The pupil is a little contracted, but no appearance of cataract. I introduce her today to let you see what can sometimes be accomplished in very unfavorable cases.

Catarrhal Ophthalmia.

Man, 40. This case was aggravated, no doubt by the introduction of foreign matter. There is considerable inflammation and a muco-purulent discharge. When there is a moderate degree of inflammation, the discharge is mucus—when very high, it is purulent. There is a white spot on the cornea which shows that suppuration has taken place. There is a good deal of danger of losing the sight of this eye, but not altogether certain—may result in hernia of the iris. Bowels costive.

℞ Hydrarg. chlor. mit., gr. vj.
Pil. j.

℞ Argenti nitrat., gr. ij.
Aquæ, f. ℥ij. M.

S. Apply to the eye and use watery solution of opium afterwards.

Apply ung. hydrarg. ox. rub. to the lid.

Shell Wound.

Man, 30. He was struck three years ago by a

shell on the left hip. The neck of the femur or the great trochanter was fractured. The limb is now shorter than the other; the foot is unnaturally everted; no soreness; no dead or carious bone; no fistulous opening; some tenderness on pressure; motion in the joint impaired. There is not much that we can do in such a case as this; he will probably get better but will always be lame. The bone united in a malposition, and we can only leave the case to the modifiying influences of time.

Epilepsy.

Man, 25. This man became my patient for secondary syphilis, and was treated by mercury. It is always indicated when it has not been used in the primary disease. He now has epilepsy—has had several hundred fits—had them very frequently between his 14th and 21st year, but since then they have become less frequent, and he has only had one in the last eight months. Has an eruption on his head, for which he has been using mercury for about two weeks. In the treatment of epilepsy our practice is rather empirical. Certain remedies were found to accomplish good, as the burnt sponge in Derbyshire neck, but it was used empirically, and it was not known what the remedy was, until iodine was discovered. The remedy which I employ in this disease is

R.	Argent. nitrat.,	gr. $\frac{1}{3}$.
	Strammon. seminis,	gr. $\frac{1}{2}$ to $\frac{3}{4}$.
	Assafœtidæ,	gr. iij. M.

Ft. pil. j. S. Repeat three times a day.

Calculus.

Man, 35. This man has been troubled for some time with a difficulty in urinating, which is caused by a calculus in the bladder, and now wishes to have it removed. We shall perform the lateral operation, and for the purpose will use a staff having a groove which commences on the back of the instrument and gradually winds around to the side. Attached to the staff, by a hinge joint, is a lancet, which is pressed into the perinæum, after the staff has been introduced, and strikes the groove in the staff. On the top of this lancet is a groove which allows the beak of the gorget to be inserted and guides it into the groove in the staff. The patient was put in the usual position and the parts freely divided, and the stone extracted by the forceps. On account of its large size it required considerable force to remove it. There is less hemorrhage when the stone has to be drawn out with force than when the parts are so freely divided as to allow it to be removed easily. In this case the loss of blood is not great. We will introduce a tube through the wound into the bladder and then should hemorrhage occur, we can easily control it by packing lint around the tube. When you do not use the tube it is often a difficult matter to check the flow of blood.

—— Colored Photographs from life, of skin diseases, are now being issued in London by Churchill and Sons, in a series. No 1 comprises Ruprial and Lupoid Syphilides.

Medical Societies.

PATHOLOGICAL SOCIETY of NEW YORK.

Ulceration and Perforation of Appendix Vermiformis;— Salivary Calculus;— Intususception in an Infant;—Infantile Tuberculosis;—Cancer of Pylorus;— Tumor of the Brain;— Osteo Sarcoma;—Ossific Deposit in Heart;—Empyema, Hepatic Abscess;—Fracture of the Sternum;—Resection of Scapula.

At the meeting of this Society, held April 25th, among the specimens presented were the following:

Ulceration and Perforation of Appendix Vermiformis.

Prof. Post presented this specimen for a candidate. The patient was 21 years of age, a sailor, who first contracted a bronchitis, April 27th, 1864. For three days he had pain in the axillary region; on about the eighth day, pain in the abdomen set in. There was costiveness, which was treated by mild laxatives. Then there occurred night sweating and anorexia. The pain in the abdomen continuing, opium was given, when the suffering abated. Pulse 88. Sinapisms were applied, and the patient kept under the constant influence of opium. The pain, however, became more intense, morphia in large doses was resorted to, and on May 13th, about seventy hours after the localization of the pain, collapse, hiccup, etc., supervened, and spite of all means, stimulation with ammon. carb., etc., he died.

An *autopsy*, held 19 hours after death, revealed the presence of purulent serum in the abdominal cavity, the intestines were slightly glued together, the omentum drawn together and contracted in the right iliac fossa, like a curtain; there was extensive ileo-colitis, and the vermiform appendix was perforated by several ulcers. Hardened fæces were found in the neighborhood, and some had escaped into the peritoneal sac.

Salivary Calculus.

Dr. Post also presented a salivary calculus of considerable size, which had been removed from a patient, 50—60 years of age, about two weeks ago, by incision into the duct.

Intussusception in an Infant.

Dr. L. Smith presented a specimen taken from an infant, 4½ months old, which had been admitted to hospital on the 6th of April, in good condition, having been nursed up to this time by its mother. Soon after admission, it was seized with vomiting at short intervals; there was no constipation, though the evacuations were scanty. The vomiting was thought to be due perhaps to

entero-colitis. April 13th, the vomiting still continued, but there was no diarrhœa; on the 14th, it had one or two scanty evacuations, of dark appearance, but containing no blood; on the 20th, convulsions occurred, and the infant died.

Post Mortem Examination.—Brain not examined. The stomach and upper part of the small intestines appeared healthy. About two feet above the ileo-cæcal valve, there was an intussusception, 2½ inches in length, the invaginated portion of gut presenting a livid appearance; above, it was normal with the exception of some vascularity. Below, the ileum was dusky and tinged with blood.

Another intussusception was discovered near the junction of the transverse and ascending colon—3 inches in length, and 1⅛ of an inch in diameter. There was not much evidence of inflammation, and below the colon was nearly normal. On injection of water with a syringe, the invaginations were found almost entirely impermeable.

A good deal of interest attaches to the case, because it is stated by recent authors that intussusception never occurs in the small intestines of infants. It was certainly present in this instance, and from the appearances of lividity and the bloody tinge, it seems certain that it existed some considerable time before death, and did not take place during the agony.

Infantile Tuberculosis.

Dr. SMITH also presented a specimen of pulmonary and bronchial phthisis, in an infant one year old. Had been admitted to hospital ten days before death. There was no meningitis, no tubercular deposit in the membranes of the brain, but some serous effusion and considerable cerebral congestion, which was thought to be due to the pressure of an enlarged bronchial gland.

Cancer of Pylorus.

Dr. LOOMIS presented a specimen taken from a patient of Bellevue Hospital, 35 years old, who had been ill four months. There had been vomiting, at first simply of the contents of the stomach, after eating, without pain; after a time, there was a dull aching pain in the epigastrium, but at no time vomiting of blood. No cough. No hereditary predisposition. Lost flesh and strength so rapidly as to present the appearances of phthisis. At the time of admission, cancerous disease was strongly suspected, from the peculiar appearance of the skin. The thorax was examined, but no disease found there.

Two inches and a half below and to the left of the xyphoid cartilage a tumor was found, on examination, moveable, seemed to be flattened on its surface, and measured three inches laterally, and two inches horizontally. On the upper portion of the tumor a blowing murmur, synchronous with the first sound of the heart, was heard, but not posteriorly, and which could only be heard when the patient was lying on the bed. He took freely of food. both solid and fluid, without vomiting. Emaciation and failure of strength however were rapid, and three weeks ago he died. The *post mortem* examination showed the pylorus constricted and the seat of a cancer. There was no ulceration, no attachments to the peritoneum. The absence of lancinating pain and of vomiting of blood were remarkable.

Dr. BIBBINS observed that in a case of pyloric cancer presented to the Society by Dr. CONANT, two years ago, the same absence of pain and bloody vomiting had been noticed, and Dr. CLARK had on that occasion remarked, that in cancer of the pylorus pain is often absent, and that this formed one of the distinctive signs between cancer and aneurism in this region.

Tumor of Brain.

Dr. SANDS presented, for a candidate, a specimen obtained from the brain of a boy, 11 years of age, on the 20th of January last. There had been convergence of the left eye, inability to carry the eye toward the median line, slight paralysis of the organ, he could not close the eye tightly, and he had lost somewhat the power of controlling the voice, which was slightly thick. There was dizziness. The symptoms became aggravated, leg and arm of right side became weak, voice feeble. Paralysis of the extremities on right side, in a few weeks, was decided. Then pain commenced in the left arm; there was vomiting, suffusion of the eye, and after six weeks, the left extremities had also been paralysed. He died, almost completely hemiplegic.

The autopsy revealed a good deal of fluid in the arachnoid, and the existence of a tumor, situated over and pressing upon the left crus cerebri.

Osteo-Sarcoma.

A *second* specimen presented by Dr. SANDS was the amputated left forearm of a gentleman, 26 years of age, of healthy parentage, and no hereditary disease, except that one of his grandaunts was said to have died of cancer of the breast. At very early age, he received a fracture of the left forearm, which resulted in incomplete power of pronation and supination. Twelve years ago, a tumor made its appearance on the upper side of the elbow, which grew without giving much pain, and during the last seven

years, he was unable to carry his arm in any direction without aid by the other. The tumor comprised two swellings on the upper and lower aspect of the joint, and seemingly connected with the condyles.

During the last ten months the tumor was excessively painful, and in the last six months doubled in size. Its greater circumference is about 16 inches, its lesser 8 inches. At one point, it presents a soft surface, giving a sense of fluctuation; the rest is dense and shining. The tumor, on dissection, is found to be largely consisting of bone; on microscopical examination, it is found to be composed mainly of cells, uniform in size, and the ordinary elements of fibro-vascular tumors—recurrent fibroid tumors, osteo-sarcoma, or sarcoma, as they are called by different authors. There were no glandular enlargements and no emaciation.

Ossific Deposit in Heart.

Dr. Finnell presented for Dr. John Beach, the heart of a man, 65 years of age, who had been found dead in bed. On autopsy, nothing was found but some congestion of the spleen, hob-nail liver, and deposit of ossific matter around the root of the coronary artery, with almost complete attachment of the pericardium to the heart, the result of previous inflammation and adhesion.

Empyema with Hepatic Abscess.

Dr. Draper presented specimens with this history: In November last, a man, 25 years of age, was taken sick with symptoms of pleuritic effusion of right side; the history of the case was that of acute pleurisy. He was sick about a fortnight before admission into the hospital, upon entering which, it was found that about one-half of the right pleural cavity was filled with effused fluid. The side was painted with iodine; diuretics, etc., were employed, with no favorable result, however, and in a short period the existence of empyema was sufficiently plain. The level of the fluid did not rise above the original point, but the amount evidently increased, as shown by marked distension and bulging out of the chest. He commenced to expectorate freely, but the sputa did not present the characteristics of an empyemic abscess, and it was impossible by the physical signs to discover any communication between the cavity and the bronchi.

The condition of the patient, after having at first began to improve, subsequently grew worse, symptoms of hepatic abscess followed, and the patient died.

On post mortem examination, the upper part of the lung was found free. At the fourth rib, the pulmonary and costal pleuræ were found closely adherent; these adhesions extended to the posterior thoracic cavity, and corresponded to the dulness which had been found during life. Below this point a large abscess was found, extending downward, having for its inferior border the margin and surface of the right lobe of the liver, which was covered with a pyogenic membrane.

The abscess appears to have been originally a pleuritic abscess, ulcerating through the diaphragm, and involving the upper surface of the liver. The fifth, sixth, and seventh ribs were separated from their cartilages by ulceration, and the thoracic walls in this region were so thin, that it was obvious the abscess would soon have found an external outlet, had the patient lived for a short period longer. The formation of a pyogenic membrane on the liver is interesting; so also the presence of bile in the sputa, which was discovered during life. With the exception of a few small metastatic abscesses, the substance of the liver was not involved.

Fracture of the Sternum.

Prof. Hamilton presented the fractured sternum of a man who had been received into the Long Island College Hospital, for injuries from falling down the hold of a vessel. There were fractures of the tibia and fibula. Tenderness on top of the sternum existed, but no swelling or discoloration. There was great pain on the back of the head and neck. The day after the fall he expectorated blood, and on the next day he died.

Autopsy. Slight effusion of blood beneath the costal pleura, lungs congested and some blood in the bronchial passages. A transverse fracture and dislocation of the first piece of the sternum upon the second was found. There was also dislocation of the third rib and cartilage and the four upper ribs were broken posteriorly, near the spine.

This fracture of the sternum is usually produced by a fall upon the back, and forcible doubling up of the head and neck upon the chest. The fractures of the ribs near the tubercles show a flexed condition of the spinal column at the time of the injury. The lower fragment of the sternum underlies the upper, and from the posterior lip of the inner surface of the upper fragment the periosteum was torn off to the extent of nearly an inch.

Resection of Scapula.

Prof. Hamilton presented a scapula which had been removed entire from a soldier, who had been wounded at Fredricksburg by a shell. Necro-

sis of the scapula ensued, necessitating its entire removal with the acromion and caracoid processes. The patient has power to use the caracobrachialis and biceps, also tolerably well the triceps and deltoid. He is able to carry the arm without a sling, although attachment of these muscles is simply to cicatricial tissue, there having been no formation of new bone.

Editorial Department.

Periscope.

The Detection of Blood-Stains by the Micro-Spectroscope.

The trial of Robert Coe, for the murder of John Davies, at Aberdare, is remarkable, says the *Pharmaceutical Journal*, from which the *Dublin Press and Circular* quotes, as the first case in which the micro-spectroscope has been employed to furnish evidence of the presence of blood-stains. The following is Dr. Herapath's evidence:

Dr. Bird Herapath sworn: "I am a Fellow of the Royal Societies of London and Edinburgh. I practice as an analytical chemist, and also physician. The hatchet produced was given me by Mr. Wrenn, and I carefully examined it. On the metallic portion I did not find any marks upon which I could rely. I removed the handle, and experimented on thin slices of wood which I took from underneath the metallic ring. I examined those sections with a microscope, and found the majority of those stains were due to oxide of iron; some of them showed clotted blood; in some cases the woody portions had been infiltrated with the coloring matter of blood changed by the action of water. On some of the sections of the handle I found globules of blood, and by the micrometer I measured the size of those globules. I placed a section of the handle in a glass cell, in which there was a fluid medium, and the blood-globules floated off into the cell, and by the measurement of these I could determine the size of the globules therein contained. These globules were exactly the same size as some globules from dried human blood, which I purposely procured, and tested with the same apparatus in the same way. Finding this evidence of blood to be small, I obtained more numerous sections of the colored surface of the handle of the hatchet, immersed them in distilled water, and obtained thereby a slightly colored solution, which, after filtering, was ready for chemical tests, and for optical examination by the micro-spectroscope. I subjected this fluid to the action of light, and it had undoubtedly the properties peculiar to a solution of blood. When a solution of blood was examined in this instrument, the fluid absorbed some of the rays of light, and thus altered the spectrum or rainbow. Within the green, and on the border of the yellow rays, two dark absorption bands were produced by the blood-fluid. Only one other substance would produce two dark bands—that is cochineal dissolved in ammonia—but the position of the two bands was different. The spectroscope alone would not enable me to *readily* distinguish between the two, but combined with chemical examination, it would satisfactorily do so. From this optical test I was satisfied that the sections of the hatchet had been stained with blood; and by chemical analysis, I also demonstrated it was blood. The combination of the three tests showed that the substance on the hatchet must have been blood."

Pseudo-membranous Affections of the Bronchi in Laryngeal Croup.

Dr. Peter, in the *Wiener Med. Jahrb.*, 1865, gives the results of his pathological researches. Diphtheria, according to his views, generally attacks the bronchial passages, coincident with its passage down the fauces. In 125 autopsies he found the *bronchi* affected as follows:

Catarrh, 44 times.
Diphtheritic exudation, 52 times.
No change, 11 times.
Not examined, 14 times.

Pseudo-membranous bronchitis was observed in five-twelfths of the cases of laryngeal croup. Emphysema and broncho-pneumonia were usually found in the neighborhood of the diphtheritic affection.

The *lungs* in 121 autopsies were normal but 12 times. The other 109 cases presented

Emphysema.
Congestion, 27 in 109 cases.
Broncho-pneumonia, 79 in 109 cases.

Regarding the period of occurrence of *pneumonia*, Peters gives the following table:

The 3d day,	4 times.	8th and 9th day,	4 times.
" 4th "	11 "	10th day,	6 times.
" 5th "	12 "	11th "	3 "
" 6th "	10 "	12th "	2 "
" 7th "	3 "	14th "	and upward, 19 times.

Showing that the pneumonia occurred early, and generally before tracheotomy is resorted to.

Regarding the diagnosis of pulmonary complication of croup or diphtheria, Peters considers the frequency of the respiration as almost diagnostic; in simple croup, without pneumonic complication, it is from 32 to 48 per minute; with pulmonary complication, always higher,—from 50 to 60 per minute.

Forty Cases of Artificial Premature Labor.

Dr. Simon Thomas, of Leyden, relates forty cases, according to the *Dublin Press and Circular*, in which labor was artificially induced. The indications were chiefly contractions of the pelvis; and these were determined less by the histories of previous labors than by accurate measurements expressly made. Thus, in five cases, the patients were primiparæ. The first method employed was to place a bougie, for a short time, a few inches between the uterus and membranes, changing it every day for a larger one. Labor came on in ten days, and the forceps was used. In another case, Kiwisch's douche was used. Labor followed in five days. The mother

died of pyæmia. In other cases the bougie was used, or the douche; generally, days elapsed before labor. Afterward Krause's method, the leaving an elastic catheter in the uterus, was used. The time expended was from 6 to 92 hours, the majority taking from 24 to 48 hours. Of the 32 children born after Krause's method, 25 lived; of the 32 mothers, 25 had a quite natural puerperal history; 4 died of pyæmia or endometritis.

Reviews and Book Notices.

A Manual of the Principles of Surgery, Based on Pathology. For Students. By William Canniff, Licentiate of the Medical Board of Upper Canada; M. D. of the University of New York; M. R. C. S., England; Late Professor of General Pathology and Surgery, Univ. Victoria College, Toronto, C. W.; etc., etc. Lindsay & Blakiston, 1866. 8vo. Pp. 402.

Whether it be a long or a short time before Canada becomes connected, politically, with the United States, all American physicians should be of one fraternity. We welcome, with pleasure, any creditable addition to Canadian medical literature.

Dr. Canniff's selection of a subject does not seem favorable to easy success or popularity. At least surgery (chirurgery) has always appeared to us to involve in its practice so much of handiwork, that the separation of its principles from its practice is less natural and convenient in study, than in the case of medicine and medical pathology. Students seldom fully appreciate such works.

The preparation of this manual was suggested to its author during his engagement as Professor of the Principles and Practice of Surgery, by the want of time in a single session, to do justice in lectures upon the whole subject. Without claiming originality, it is carefully written, upon the basis of the teachings of high and late authorities. He avails himself especially, of the assistance of Holmes' System of Surgery, but quotes also freely from Virchow, Paget, Miller, Hilton, and others. The illustrations are, as mentioned by the author, borrowed from Paget's Surgical Pathology.

Opportunities of experience and observation in military surgery, obtained in service as a medical officer in the United States army during the late rebellion, have afforded Dr. Canniff occasion for a number of good practical suggestions.

In the modest language of the Preface, "the profession is requested to remember that this is the first undertaking of the kind in our young country. The writer enjoyed not the advantages of early literary training. As his grandfathers and his father were pioneers in the wilderness of Canada, and paved the way for a more scientific agriculture, so the writer hopes this volume will be the forerunner of other and more excellent treatises, that will hereafter proceed from the profession of our province."

Dr. Canniff has certainly produced a very respectable text-book; and his publishers have done it the fullest justice in the style of its bringing out.

Asiatic Cholera. By F. A. Burrall, M. D. New York: William Wood and Co. 1866. 12mo. Pp. 155.

This book must stand upon its own merits, and not on the reputation of its author; as, unless our ignorance be peculiar, he has not been previously known in medical literature.

It is, however, a book of merit; as an industrious, and, in the main, judicious compilation of the statements and opinions of leading observers and theorists upon cholera. Dr. Burrall appears to have made an extended research among the recent medical publications upon the subject, in Germany and France, as well as in Great Britain and this country. Some want of *system*, we notice, in his writing; and there is neither table of contents nor index.

The communicability of cholera is especially urged by Dr. Burrall; although he does not insist upon the use of the term contagion. All the facts which can be made to support the expectation of communication of the disease, by persons as well as by ships, are brought forward. We do not know of any work, accessible here, in which the portability of cholera, and the advantage of *personal* quarantine along with that of suspected vessels, are more elaborately sustained. Yet the author does not display any unscientific zeal, or disposition to do injustice to the facts on the other side.

The arrival, lately, of two vessels from Liverpool, (the England and Virginia,) attacked by cholera in mid ocean, when the disease did not exist at the port from which they started, nor at any place from which the passengers came, suggests that now would be a good time for an essay on the *anti-quarantine* side. We believe that a medical writer of some experience is about to issue such an one. Certainly, it is very important for the question to be settled, if possible, before the warm weather and the cholera come together.

Wood and Co. have made of Dr. Burrall's treatise a *handsome* little book, within and without. It will probably have many interested readers.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 12, 1866.

MEDICO-LEGAL DECISION.

A somewhat important decision was recently given, according to the *Boston Medical and Surgical Journal*, in a case before the Supreme Court of Massachusetts, in regard to the right of the physician to perform autopsies. The case was one on the part of the parents of a child, five years of age, against the Superintendent and Surgeon of the City Hospital, Boston, for damages, *in tort*. The child had been brought to the hospital, accidentally shot through the head. The plaintiff in the case alleged:

1. That the child was carried to the hospital against her will.
2. That it was kept there against her will.
3. That she was at first, denied access to it.
4. That she desired a coroner's inquest.
5. That she did not consent to an autopsy.
6. That she was unwilling that the head should be opened.
7. That the body was needlessly mutilated.
8. That being then pregnant, the sight of it had hastened delivery, and that the health of both mother and child had been injured in consequence.

The defendants contended:

1. That she brought the child to the hospital in her own conveyance, *suâ sponte*.
2. That she was advised and urged to leave it there for the child's sake, but not forced to do so.
3. That she was denied access to it only during the etherization and exploration; but that subsequently she was allowed to remain with it until it died, and was fed and lodged at the expense of the hospital.
4. That the parties who fired the shot having been released by the Chief of Police, as it was found to be accidental, the authorities did not consider an inquest necessary.
5. That *she requested* the autopsy.
6. That she said nothing about opening the head until she saw the body, after the autopsy.
7. That there was no mutilation of the body. That the autopsy was performed according to rule. That the existence of cerebral symptoms, and the violence attending the injury, rendered the opening of the head justifiable, even if she had objected. That the search for the ball was given up for fear of mutilation.
8. That the defendants were not responsible for the consequences alleged.

In his charge to the jury, Judge Chapman ruled as follows:

"His Honor instructed the jury that there was no record of any case similar to this in common law. The laws of the Commonwealth as to interfering with dead bodies are severe, and it is treated as a crime so to interfere, punishable and perhaps actionable; at least it was so to be considered for this case. It is common to have an autopsy made for the purpose of ascertaining the cause of death, though formerly there were many superstitious notions in regard to it, especially among the ignorant. The plaintiff contended that the body of the child was mutilated without her consent, and without any reasonable cause, and this was the question to be submitted to the jury. The child was sent to the hospital by the mother, as she testifies, for the purpose of having the ball extracted, and the jury were to judge whether it was an act of kindness to take it away or not. She also says that she consented to have the ball extracted after the death of the child, but this was only because she desired that the murderer should be found, and it was a question for the jury to determine what the defendants might do in compliance with such consent; whether the request to extract the ball with the view to find the murderer, was not enough to warrant them in finding out the cause of the death, and everything which the public interest might require."

The jury, after being out about five minutes, returned *a verdict for the defendants*.

Fully as we agree with the decision in this case, as tending, in the language of Dr. D. W. Cheever, one of the defendants, to prevent blackmailing of hospitals and public officers, by any one who can find a pretext of discontent with the result of treatment of their friends, either before or after death, we think that the true grounds for the defence should be based on still broader principles than those set forth in Judge Chapman's charge.

The *laws* operative in Boston, as elsewhere, in all large cities, regarding the registration of deaths, and the granting of burial-permits, distinctly demand that the *cause of death* be precisely stated, not only in cases of death which become subject to medico-legal inquests, but in all cases. None can state this cause properly, but the regularly qualified physician attending the case; and if, in his opinion, to fully determine the cause of death, an autopsy is needed, the law will and must protect him in making the autopsy. It obliges him to give a certificate of death, stating *cause*, and hence, it must protect

him in any measures necessary to discover the cause. This, we hold, is as sound legal doctrine as it is common sense.

QUARANTINE.

The present condition of quarantine affairs in New York proves in the most appalling manner the force of our appeals, months ago, in favor of speedy Congressional action, not only to establish an efficient quarantine code, but to provide for its practical execution under the superintendence of the medical authorities of the Government.

If demonstrative evidence was needed to show the absolute necessity of the measures which we have so repeatedly urged, the arrival of the steamship Virginia in the harbor of New York, with cholera on board, has furnished such evidence. For here is the epidemic occurring on one vessel alone, and we see how completely inadequate are the facilities for the care and treatment of the passengers and patients. What will the condition of things be at a more advanced period of the season, when a dozen vessels may arrive in a week, with the disease on board, and all subject to quarantine restrictions? What accommodations are there for the care and treatment of sick emigrants alone, to say nothing of the retained well passengers? Absolutely none, except a few receiving and hospital ships, whose capacities will soon be overreached by the demands of sickness as the season advances.

There is but one way in which a great public peril and a great public outrage, which grow from this inefficiency of quarantine regulations and accommodations, can be met. That consists in the Government taking possession (by the authority it undoubtedly holds to regulate international intercourse and traffic) of the *particular locality* most suitable to the establishment of quarantine buildings. There is not a shadow of difference of opinion among medical men and sanitarians, as to where *that locality* is, as far as the ports of New York and neighborhood are concerned. It is *Sandy Hook*, and no amount of State-right resolutions, on the part of politicians in New Jersey, can do away with the opprobrium which the conduct of this State has thrown upon itself by the steady, foolish, and inhumane denial to aid in keeping pestilence off the borders of this continent, nor will we owe much thanks to Congress or Government, if they refuse their authorized interference in a matter which concerns the welfare, not of one State or a particular community, but of the whole people. It is not yet too late to accomplish an immense amount of good, if Congress or the Executive take this matter in their hands. If not, we fear that circumstances may soon arise which will *force* such interference, and when every hour will be as precious as days and weeks at present. Why not prepare for exigencies which are casting their shadows before?

LOCAL ANÆSTHESIA BY ETHER; CÆSAREAN SECTION.

The new method of local anæsthesia by ether spray is being still further experimented on and extended. An account of a cæsarean section performed under its influence, is given in a recent number of the *British Medical Journal*. The case occurred under charge of Dr. Greenhalgh, in a woman, 30 years of age, between seven and eight months advanced in pregnancy, with the presence, at the neck of the uterus, of a large (probably malignant) tumor, on account of which, fearing rupture of the uterus, etc., if natural labor should set in, Dr. Greenhalgh, on consultation with other obstetricians, decided to perform the cæsarean section, and Dr. Richardson was called in to apply his method of producing local anæthesia.

The patient was placed in a semi-recumbent position on a table, with her legs hanging over the edge. She was supported by an assistant on each side; and her eyes were bandaged at her own request. Pulse at 74, never varied in power, frequency, or time, during the whole operation. To produce anæsthesia, a large instrument was used, with double jet, which he had roughly constructed for the purpose. It acted well; and complete insensibility was produced in forty-five seconds, over a space two and a half inches broad, from the umbilicus to the pubes. The incision was made direct on the uterus—the patient exhibiting no consciousness of the operation. The uterus being exposed, the ether spray was directed on it for a moment, with the effect of inducing contraction. An opening was then made into the organ; and with some difficulty, on account of the contraction, Dr. Greenhalgh introduced his hand and removed by the feet a fœtus, which was alive and lived an hour. The membranes burst with the delivery; the placenta was removed separately. The uterus immediately contracted as in natural labor, and required no sutures. The wound in the abdominal walls was kept open during twenty minutes, a large sponge being held in it so as to guard against bleeding when reaction took place. It was then closed with sutures of Chinese silk, the skin being perfectly narcotized with ether spray at each point

where the needle was introduced. The patient, over a week after the operation, was doing well.

The following facts are noticed by the *British Medical Journal*, as shown by this case:

1. There was no pain produced by the operation, and what was felt was only such as would occur in a very easy labor.

2. No vomiting occurred, although before the operation the patient had complained of nausea.

3. There was no hæmorrhage; so that the operation was not interfered with.

4. There was no shock.

5. The circulation remained steady throughout the whole time of the operation.

6. There was no restlessness. The patient moved once only during the operation—shuddering slightly when the child was born.

7. Consciousness was retained, so that the patient was able to do what she was desired. When asked not to strain, she relaxed the muscles immediately.

8. The case shows that local anæsthesia can be produced in a wound six inches long, extending to the depth of the abdominal walls, without being followed by slough or by peritoneal mischief; the wound healing by the first intention.

Notes and Comments.

Cholera in New York; Prompt action of the Board of Health.

On Tuesday, the first of May, the first fatal case of Asiatic cholera occurred in New York,—the victim being a Mrs. Jenkins, aged 35 years. The origin of the case was clearly traceable to local causes. The deceased had been for some days previously, and at the time of the attack, engaged in removing the contents of an old privy-vault, for the purpose of using them as a fertilizer upon a lot of ground, from which she had determined to raise a crop of potatoes. She lived in a house occupied by four other families, but her apartments were in a very fair sanitary condition. The cellar, however, was partly filled with stagnant water, and the remainder of the house was filthy. At 10 o'clock Monday afternoon she was attacked by diarrhœa, and between 9 and 10 o'clock, on Tuesday morning, she died—an illness of only 20 hours. The post-mortem examination, conducted by Dr. Harris, revealed the usual lesions of cholera.

Dr. White, who attended the case, at once notified the Board of Health, and vigorous measures were immediately taken to remove the local exciting causes, and prevent the spreading of the disease. The house was opened and ventilated, and the tenants were removed. The bedding and clothing used by the deceased during her illness were burned. Chloride of lime, and other disinfectants, were strewn about the premises. A guard was placed about the house, to prevent approach until it should be thoroughly disinfected. At the same time an inspection of the sanitary condition of the whole vicinity was instituted, with medical visitations every twelve hours, to promptly meet any cases of diarrhœa as early as they might occur. The house was thoroughly washed, a steam fire-engine being used for the purpose, and the families placed in tents, under the charge of the Board of Health.

With such prompt action of the Metropolitan Board of Health, and the faithful co-operation of the profession and the public in all necessary sanitary measures, there is little fear of cholera, if it does occur, being able to assume its former virulence. The only thing needed now are proper quarantine accommodations, and a quarantine code carried out under the supervision and control of the Surgeon-General.

Since the above was written, a second case has occurred. The circumstances are briefly these:

On Tuesday night, Mrs. John Coyle, a native of Ireland, about 25 years of age, residing in the double tenement-house, No. 115 Mulberry street, between Canal and Hester streets, was seized with diarrhœa and vomiting. She immediately sent to the New York Dispensary for medical aid, and Dr. Gomez was dispatched to attend her. He found the symptoms to be those of undoubted cholera, and immediately reported the case to the Board of Health. Dr. Elisha Harris, Registrar of the Board, visited the premises, and gave orders for the proper care of the woman during the night. Dr. Stephen Smith, and Dr. Gomez, remained in charge of the patient during Wednesday night and next day, and at the time of the last accounts the symptoms were reported somewhat more favorable, with a slight chance of recovery. The other persons in the house have not been removed, but measures have been taken for a thorough cleaning and ventilation of the premises, which, with a liberal use of disinfectants, it is believed will prevent any further manifestation of the disease on the premises.

American Medical Association.

A full and authentic report of the proceedings of the meeting of the Association at Baltimore last week, will appear in our next issue, prepared by the Secretary, Dr. Atkinson. It was impossible to have it prepared in season for this number.

Braithwaite's Retrospect.

We have received a circular from Mr. W. A. Townsend, of New York, publisher and proprietor of the American edition of *Braithwaite's Retrospect of Practical Medicine and Surgery*, announcing that they will hereafter append to that work a *Retrospect of American Medicine and Surgery*, as obtained from journals, transactions of medical societies, etc. This department has been assigned to Augustus K. Gardner, A. M., M. D., of New York, who is well known as a medical writer.

Attached to each number will be a complete list of the medical works published in this country and abroad during the previous six months, with the price affixed, and with a *very brief* indication of their aim and character.

Correspondence.

DOMESTIC.

"Army Itch."

Editor Medical and Surgical Reporter:

I consider the so-called "army itch," of which so much has been said, by various correspondents of the Reporter of late, to be nothing more than an aggravated form of the common itch, or *scabies;* the aggravation being produced by long standing and neglect.

I have seen a great number of cases within the last two years; and as the common itch prevailed extensively in this vicinity previously to the war, ample opportunities have been afforded for comparison. The so-called army itch is much more intractable in the treatment, requiring a longer period for its cure; but I have never, to my knowledge, met with a case that did not yield to the persevering application of the simple *unguentum sulphuris.* All the prescriptions that your correspondents give, I believe, contain a large proportion of sulphur, and to the use of this article I attribute their success.

The disease (in my opinion), is produced by the *acarus;* and for the destruction of that insect, sulphur is the conceded specific.

Let the patient be thoroughly washed with warm soap-suds, to which may be added the carbonate of potassa, if the case is of long standing, then apply the ointment every night for five nights, in simple cases, and for two or three nights longer in cases of greater violence. In aggravated cases I do not advise washing off the ointment until the rubbing process has been completed; then the washing of the body, change of linen, and fumigations. I use no medicine internally.

This is my sole treatment for what is known as "army itch" in this section; and, as stated above, with uniform success. The same means may be applied to a different disease in other sections; but it is observable that all the writers on the subject in your journal use sulphur, in some form, in their treatment; and deeming it best to simplify our prescriptions as much as possible, I have here ventured to give my opinion as to the pathology of the disease, and my experience in its cure.

Very truly yours,

W. Stump Forwood, M. D.

Darlington, Md., April 20, 1866.

News and Miscellany.

Mortality in New York and Brooklyn.

According to Dr. Harris's Report, the total number of deaths that occurred in the city of New-York for the week ending April 28, was 452, of whom 120 were men, 87 women, 126 boys, and 119 girls. The deaths of colored persons number 9. This shows a mortality of 1 in every 1,607 of the population, and an increase of 31 over the previous week, and of 21 over the corresponding week of last year. There were, during the same period, 44 children—31 males and 13 females—still born. Of these there were 14 deaths by accident or negligence, and 95 from zymotic diseases, of which diarrhœal affections had 31 victims, typhoid fever 9, typhus fever 4, croup 6, diphtheria 11, scarlatina 10, and small pox 1. There were also 6 deaths from starvation and privation—certainly a frightful record for one week—and 3 from intemperance. Lung diseases and tubercular affections had 109 victims, convulsions 44, bronchitis 14, pneumonia 28, enteritis 16, Bright's disease of the kidneys 16, premature birth 5, old age 7, and suicide 1 victim. Of the whole number, 99 took place in the public institutions of the city.

The number of deaths in Brooklyn during the same period was 142, of whom 45 were men, 25 women, 45 boys, 27 girls, and 2 colored. Eleven children were still-born and 5 were prematurely born. Zymotic diseases, 27 victims; tubercular affections, 36; convulsions, 13; old age, 2; and suicide, 1 victim.

In transmitting these statistics to the Board of Health, Dr. Harris says: "The death-rate of the week is a trifle below the average of the month, and greatly below the average for March. The increase over the preceding week was confined to infants under one year of age, and resulted mainly from convulsions. Stated in exact terms, for comparisons, the death-rate last week was equivalent to an annual mortality of 32.36 to 1000 inhabitants (accepting as correct the census of last year), while Brooklyn lost but 24.58 persons in 1000 of its population. The average

death rate in London and 12 other chief cities in Great Britain the last week of March this year, as has just been communicated to us by the Registrar General, was 32 to the 1000. The presence of cholera at our quarantine has not been accompanied by any well marked premonitions that are yet discerned in tracing out the causes of deaths the past month. The same fact appears in the records which Dr. Farr of England forwards to us weekly from the Registrar-General's Office of Great Britain. There is every reason to believe that all the cholera which has reached our harbor has come to us by way of the German Ocean."

House to House Visitation.

At a recent meeting of the Metropolitan Board of Health, N. Y., Dr. Stephen Smith laid before the Board a plan of house to house visitation, which no doubt will be adopted and will very materially aid in increased salubrity of the city, and the prevention of epidemic disease or its spread.

The plan consists in seeking out the cases of disease among the poor, using the dispensaries as centres and making them the basis of the system. There are seven of them in the city, all of them well known to the poorer classes. Reports are received daily of each one of the diseases that occur in the district, and the exact places where the painless diarrhœa, the forerunner of the cholera, manifests itself. When the symptom makes its appearance, the Inspectors visit every house in the district and administer the proper remedies where they find it necessary. The physician of each dispensary will be an appointee of the Board, and those who operate under him will so sub-divide the district as to render the plan perfectly feasible. Additional aid. will, however, be held as a reserve, in case the epidemic should become general; and the members of this reserve force will be dispatched to any point where their services may be needed. The small force will probably be the only one used, and the results in cities where this plan has been adopted show that the physicians have, in all cases, immediately conquered the disease when it has assumed an epidemic form. Thus, in Glasgow, during an epidemic, in which there occurred 15,000 cases of choleraic diarrhœa, the disease was so far arrested that only 50 deaths took place from cholera. A plan was also detailed for Houses of Refuge, to which families might be taken which could not be treated in their own homes, because of their sanitary condition. There have been cases where the removal of the family, the cleansing and renovating of their apartments, have been sufficient to arrest the progress of the disease; and after that had been done the family returned and remained healthy. A plan of cholera hospitals was also suggested.

Prison Mortality.

The Inspectors of the Massachusetts State Prison claim in their Annual Report, that while the mortality in the Eastern Penitentiary of Pennsylvania (a prison managed on the separate system). is five and a half per cent., in the Massachusetts State Prison (managed on the congregate system). it is but three and two-fifths per cent., and taking into account the time served, the per centage in the latter is really less than one-half that in the former. If these statistics are founded on the observations of a single year, they are not, of course, worth much.

Mortality in Paris Hospitals.

Statistics show that there have been in the Paris hospitals, during the month of February, 597 accouchements, and 53 deaths. The relative mortality in the various hospitals is shown in the following table:

	Accouchements.	Deaths.
Beaujon,	33	0
Hôtel Dieu,	104	1
Saint Louis,	77	1
Charité,	42	1
Necker,	30	1
Pitié,	53	3
Cochin,	34	3
St. Antoine,	41	5
Cliniques,	56	8
Maternité,	74	30 (!)

The frightful mortality which has so long distinguished the Maternité, is arresting the attention of the authorities. M. Lefort gives the following statistics, based on a consideration of 1,800,000 accouchements. Of 888,312 women confined in the Paris hospitals, 30,594, or 1 in 29, died. Of 934,781 women confined in their own houses, 4.405 died, or 1 in 212. The cause of the great mortality in hospitals is puerperal fever.

—— Trichiniasis. In consequence of the announcement of several deaths from trichiniasis, the municipal councils of Lille, Marseilles, and other towns in France, have resolved that the veterinary surgeons appointed to inspect the butchers' meat offered for sale shall be supplied with microscopes for a more minute examination.

—— Extract of Meat. Another attempt is being made to bring to Europe the immense supply of good meat wasted in South America. Mr. Liebert, of Hamburg, has, it is said, attempted the manufacture of Liebig's "extractum carnis," at Feray Bentos, in Uruguay, and sends home about 4,000 lbs. yearly. He is now increasing his establishments, has concluded a contract with the British Admiralty, and hopes soon to supply the extract at 16s a pound. Each pound is the equivalent of 130 lbs. of meat, and will furnish broth for 128 men. The extract in its best state is absolutely free from fat or gelatine, and is now used very largely in continental hospitals.

—— Creasote and Ferments. A letter of M. Bechamp to M. Dumas mentions that creasote appears to be the agent which most strongly opposes the *developement* of organic ferments, but adds that it does not interfere with the life of ferments or animalcules when they are once developed.

MARRIED.

Anderson—Freeman.—On Thursday, May 3, at the residence of the bride's pareuts, Woodbridge, N., J., by Rev. George C. Lucas, John Anderson and Martha E., daughter of Dr. Ellis B. Freeman.

Cullis—Reed.—April 26. at Emanuel Church, Boston, by Rev. F. D. Huntington, D. D., Charles Cullis, M. D., and Lucretia A. Reed, of Boston.

Cottrell—Myers.—At Norwood, near Columbia, Pennsylvania, April 24th, by the Rev. John Chester, Dr. Joseph F. Cottrell, of Columbia, and Miss Hallie K., daughter of Colonel James Myers.

Dowlin—West.—In this city, on the 28th ult., by the Rev. Albert Barnes, Dr. J. P. Dowlin, of Pennsylvania, and Mrs. Josephine L. West, of New York city.

Freeman—Randolph.—At Woodbridge, N. J., on Tuesday, April 24, by Rev. George C. Lucas, Dr. Samuel E. Freeman and Kate F., daughter of the late Asher F. Randolph.

Gemmill—Bucher.—At Alexandria, Pennsylvania, by the Rev. S. M. Moore, April 18th, J. M. Gemmill, M. D., of Altoona, Pa., and Mrs. Ann Bucher, of the former place.

Hays—Adams.—April 17th, at the residence of Dr. A. K. Marshall, in Mason county, Ky., by Rev. J. M. Worrell, Dr. William Hays, of Covington, Ky., and Miss Fannie M. Adams, of Washington.

Moore—Haymond.—In Brrookville, Ind., April 26th, 1866, by the Rev. John W. Keely, Major A. C. Moore, of Clarksburg, West Va., and Miss Ada, daughter of Dr. Haymond, of the former place.

Perkins—Albee.—In Waterville, Me., April 25th, by Rev. John M. Caldwell. Wesley B. Perkins, M. D., of China, Me., and Miss M. Lizzie Albee, of Hallowell.

Sailor—Pile.—In this city, May 1, at Pine street Church, by Rev. Dr. Brainerd, Randolph Sailor and Josephine Pile, daughter of Dr. Wilson H. Pile.

DIED.

Bedford.—In New York, May 1, Charles Constantine, son of Dr. Gunning S Bedford.

Hamlen —In New York, May 6th. Dr. S. L. Hamlen, formerly of Cincinnati, in the 44th year of his age.

Honness.—Near Stephensburg, N. J. of typhoid fever, Mr. George W. Honness, student of medicine, in the 21st year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. J. K. B., Fairmount, West Va.—Lallemand on Spermatorrhœa is *out of print*. A new edition is preparing, and will soon be out, when a copy will be sent.

Dr. R. M. D., Columbus, Ohio.—We cannot find Connolly on the Madness of Hamlet. It was, we think, republished in the *American Journal of Insanity*, Utica, N. Y., a copy of which may be had by addressing the publisher.

Dr. G. B. F., Cumberland, Md., and others.—We can procure for you the Ether spray producer for Dr. Richardson's method of producing local anæsthesia. Address also, Codman & Shurtleff, 13 & 15 Tremont street, Boston, Mass.

METEOROLOGY.

April,	23,	24,	25,	26,	27,	28,	29.
Wind	S. E.	W.	W.	N. W.	N. W.	W.	N. W.
Weather	Cl'dy. Shw'r. T. & L.	Clear	Clear.	Clear.	Clear.	Clear.	Clear. High Wind.
Depth Rain	4-10						
Thermometer.							
Minimum	57°	42°	39°	34°	35°	40°	51°
At 8 A. M.	57	47	55	58	50	57	57
At 12 M.	63	57	56	50	58	66	66
At 3 P. M.	63	57	56	46	50	70	65
Mean	60.	50.75	51.50	47.	45.75	58.25	59.75
Barometer.							
At 12 M.	29.2	29.6	29.6	29.6	30.	29.9	29.8

Germantown, Pa. B. J. Leedom.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 481.] PHILADELPHIA, MAY 19, 1866. [Vol. XIV.—No. 20.

Original Department.

Communications.

A CASE OF ASCITES.

By W. W. Myers, M. D.,

Of Pittsburgh, Pa.

On the morning of Feb. 4th, was called to see Wm. H. D——, æt. 34 years, residing in Spring alley. Complained of sickness of the stomach, twitching pains about the transverse colon, and tenderness of the abdomen. His general health seemed to be impaired, slight fever, urine scanty and colored, tongue coated, loss of appetite, and impeded respiration. This state continued until the 9th instant, when the abdomen began to swell very gradually. It seemed to be uniform, commencing from the pubes, and extending until it reached nearly to the ensiform cartilage.

Upon placing my left hand on one side of the abdomen, and sharply striking the other with the right, a sense of fluctuation was manifest. It being a male subject, I was relieved of one obstacle, viz., pregnancy. But another distinction yet remained, and an important one, between ascites and encysted dropsy, whether ovarian or from any other cause. The history of a case will generally afford information for an accurate diagnosis, but in this case I had nothing of the kind to fall back upon. In ovarian dropsy, the swelling does not begin from the lower part of the abdomen, nor is it uniform, one side or the other being most protuberant. Should cysts exist, the parietes of the abdomen often feel tuberculated, and when the patient turns from one side to the other in bed, a sensation of a heavy weight within the abdomen is perceived, hence how often we see patients lying on one side, viz., the side on which the attachment exists. My patient being in an asthenic condition, I knew I had the idiopathic form to combat. The existing complications were long-continued diarrhœa, and œdematous swellings of the lower extremities. The constitutional symptoms were loss of appetite, great debility, low, weak, and often fluttering pulse. The digestive organs were greatly impaired, food being complained of as inducing severe pain.

In the treatment, I first directed my attention to the existing cause, and felt convinced it was *the abdominal complication*. Removed this in a great measure by the remedies appropriate. I have before stated that my patient was in *an asthenic* condition. As the term indicates, tonics are absolutely necessary; but I was also aware that great caution would be required for the selection of the proper one for this disease. The debility being very great, and at the same time the irritability, I knew the stomach would not bear the more powerful tonics, as quinia, ferri sulph, or the stronger vegetable bitters. So I commenced with inf. columbo, inf. aurant, etc., and had recourse to the more powerful remedies as the strength increased. My attention was next directed to the state and condition of the kidneys, and in the excitement of normal urinary secretion. Great benefit was derived from small doses of pil. hydrarg., carried just far enough to slightly affect the mouth. I combined it with the various diuretics, as digitalis, spts. æth. nit., liq. ammon. acet., etc. I have frequently observed that diuretics require combination more than any other class of remedies, to produce beneficial effects. Any one alone will perhaps have no effect whatever; but when employed in unison with other remedies of the same class, a remarkable increase in the flow of urine is the consequence. Even had there been no urinary complication, I would have acted on the kidneys, because this is generally the easiest mode of carrying off effused fluid.

Having made use of remedy after remedy, mercury, supertartrate of potass, opium, etc., without, in the slightest degree, accomplishing my object, viz., *an abatement of the swelling*, and the general tone of the system being sufficiently re-established to warrant it, I determined upon the performance of paracentesis, for I have ever adopted it as a rule, to hesitate not a moment in the performance of any operation where I have the *slightest* indication of success. The patient having been previously prepared, and everything being in readiness, the abdomen was surrounded with a bandage, having straps attached.

An opening was made in the linea alba, a little below the umbilicus, and a canula introduced, care being taken to tighten the bandage as the fluid escaped, of which fourteen pints were drawn. The patient experienced the most decided relief, and everything seemed to be progressing favorably, until about ten days afterward, when the abdomen began to fill again. I resolved to repeat the tapping. Judge of my surprise, when visiting him on the 26th inst., and finding the abdomen had completely subsided. I questioned him and the attendants carefully, and as far as I could ascertain, no evacuation of any kind had taken place during the night. Have since heard from him, and he still continues well.

A DESCRIPTION OF PROFESSOR VANDER WEYDE'S APPARATUS,

For the Generation and Administration of Nitrous-Oxide and other Anæsthetic Gases.

By Samuel W. Francis, M. D.,

(Fellow of the New York Academy of Medicine)

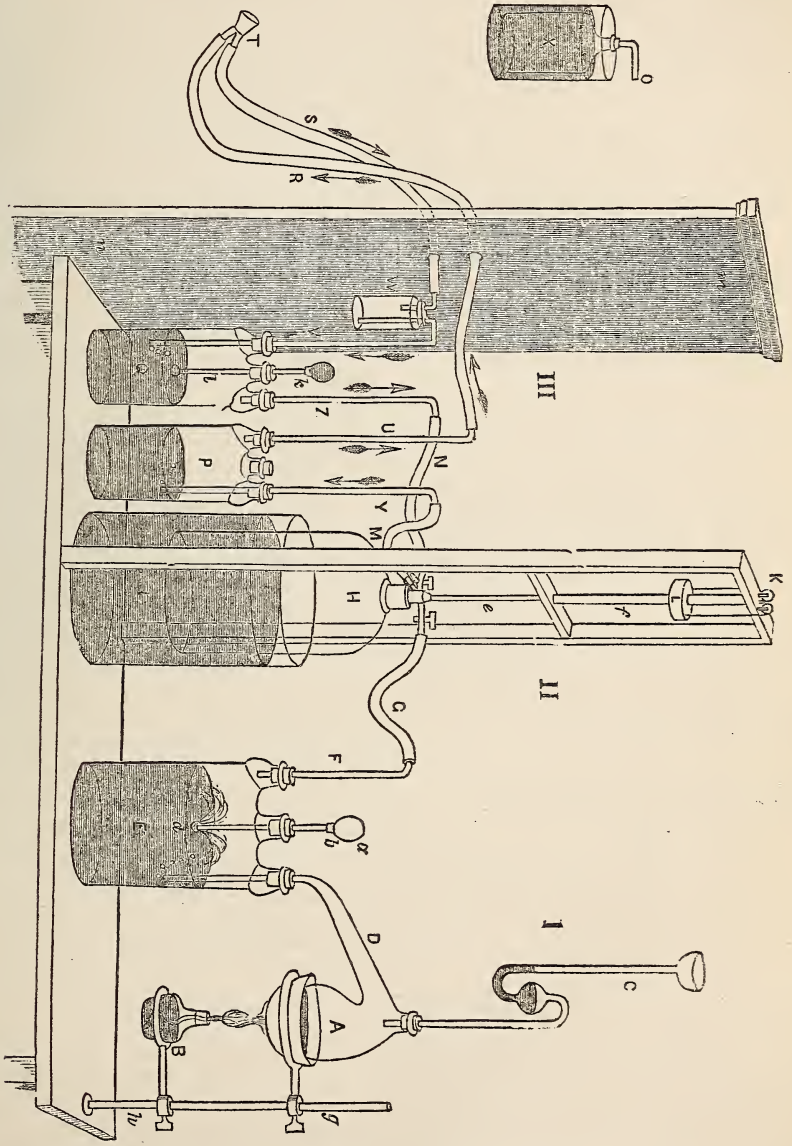
Many practitioners would administer laughing gas, were it not for the cumbrous and offensive india-rubber bag now in use. It is much easier to place a patient under the influence of an anæsthetic by means of a few drops of chloroform, or even with the temporary delay of ether, than to subject him to the annoyances incident to the present use of breathing-bags. But Professor Vander Weyde has recently patented an invention easy of use, durable in construction, speedy in generation, and effective in its results. By its rapid arrangements, nitrous-oxide can be made the instant it is required; retained in reservoir for an indefinite period, without degeneration or loss of volume; and what is more to the point of interest, the patient may inhale and exhale from the same mouth-piece, without inspiring any carbonic acid gas or weakening what may be made after he has commenced his respiration. A few words in detail will explain the working of this beautiful combination. During Dr. Vander Weyde's residence in this city, previous to his appointment to a Professorship in Girard College, he invited me to examine it and witness its efficacy. I saw at once its simple ingenuity, and felt satisfied that, as soon as known, it would bring credit to his brain and money to his bank.

The annexed wood-cut may be readily comprehended by the following explanation: I. Of the gas generator and its purifier. II. the gasometer or reservoir, (a substitute for the rubber bag or bladder.) III. The method for freeing the carbonic acid from what has been exhaled, and allowing the inspired gas to be always clean and washed.

The retort A, where nitrous-oxide is to be made, is filled with nitrate of ammonia, and heated in a sand-bath over the spirit-lamp B, supported by the stand *gh*. It is provided with a safety-tube C, filled in the bend with a little water, so that when the retort is cool, the water from the washing bottle E, cannot be sucked into the retort through the neck D, which is bent so as to descend perpendicularly. *abd* is a purifying glass tube with a rubber top, which by squeezing will force little jets of water, so as to wash any gas that, in its too rapid generation, might have escaped cleansing. The gas then passes through glass tube F and flexible tube G, into a large Wolfe's bottle H, which floats in water contained in vessel I. But for nitrous-oxide a solution of a sulphate salt or dilute sulphuric acid is the best, according to Dr. Vander Weyde's many experiments; for pure water is capable of absorbing its own volume of this gas, and if the vessel be not very strong, the atmospheric pressure would crush it. The gasometer H, is balanced by guiding-rod *e*, sliding in tube *f*, and counterpoised by weight L, upheld by ropes passing over pulleys K. The glass tubes Y Z are connected with the gasometer H, by means of flexible tubes M and N, and the gas easily flows through them into bottles P and Q. P contains water, but Q a solution of caustic potassa, soda, lime, or something of a similar nature. The laughing gas continues its progress through the glass tubes U and V, and the flexible tubes R and S convey it to the mouth-piece T. As may be seen by the diagram, the inhaled gas only passes through the water in bottle P, while that exhaled is forced through the solution of potassa, which deprives it of the carbonic acid gas. Bottle Q may have a glass tube and rubber, like *abd* in bottle E, to send out jets and more effectually wash the gas if desirable. The beautiful part of the mechanical portion of this invention is the purifying arrangement. The gas is allowed to pass but in one way, for tubes V and Y plunge under the liquids in bottles Q and P. Hence the gas only passes downward in them. In the upward action, the liquids rise two, four, or six inches, and thereby act as complete valves. Any other kind of valves in the lower end of tubes V and Y, would not produce as favorable a result. The direction of flow may be seen by the arrows.

As an additional safety in preventing any liquid by any possibility being sucked into the mouth, owing to the great excitement, at times,

of the patient, Prof. VANDER WEYDE places a small vessel W, between V and S, so that on a strong inspiration, it would pour into W, but on the next expiration it would be blown back into the bottle Q, and thereby all danger in that quarter is prevented. It is impossible, in detailing a description where letters are employed, and one has not seen the apparatus in motion, for it works very like a little steam engine, to suit unmechanical minds. For there is apt to exist an appearance of confusion or complication that does not in any way form a part of



the true instrument. But if this plain method were once seen, it would convince the most skeptical, and especially those who have been accustomed to use the big bag or bladder, which soon becomes foul by exhaled carbonic acid gas.

The small jar X, on the left, may also be used as an artificial respirator, by attaching tube O to mouth-piece T, and moving it up and down.

For fear that unruly and over-excited patients might destroy this glass apparatus, Prof. VANDER WEYDE suggests passing the flexible tubes S R through a wall or partition *mn*, so that it may be in one room, and the gentleman breathing laughing gas in another—this dispenses with the last objection that can be made.

For hospitals it would prove most excellent, as

the entire apparatus could be kept in a separate room; the gas made when necessary, and, if not used, held in reservoir for an indefinite period. As nitrous-oxide has been found by actual experience to be by far the least injurious of all anæsthetics, it would seem advisable for this subject to be thoroughly investigated, now that a suitable contrivance has been made.

The following remarks of Prof. Vander Weyde, are worthy of consideration, as coming from a philosophical chemist:

"It is a singular fact, that among the anæsthetics now in use—ether, chloroform, and nitrous-oxide—the first is combustible in itself, though the very *opposite* of a supporter of combustion and life; the second, chloroform, is neither combustible nor a supporter of combustion; while the last, nitrous-oxide, *is a powerful supporter of combustion and life.*" There is much worthy of the profoundest reflection in this sentence, if it be the aim of the practitioner not only to remove shattered limbs and alleviate suffering, but also to render as safe as possible the condition of his patient while undergoing an operation.

Prof. Vander Weyde intends to erect a factory for the purpose of preparing nitrous-oxide in liquid form, and supplying hospitals with small cylinders of it, condensed under a pressure of nearly 50 atmospheres. This will enable physicians to keep large quantities on hand in a small compass, as is the case with soda-water, especially as it is not explosive, for the liquid does not suddenly take the gaseous form.

Hospital Reports.

Pennsylvania Hospital,
March 28th, 1866.

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Case of Jaundice.

Michael C., aged nineteen, single, and a native of this country. He is a barber, and has been employed in Washington. He was admitted to the hospital on the twenty sixth of March. He states that he has been sick nearly four weeks, his illness first commencing with discoloration of the eyes. He was perfectly well prior to being seized with jaundice, which was the first symptom of disorder presenting itself. He did not lose his appetite at once when he became discolored; but has done so since he became sick. We have reason to believe there was diarrhœa at first. The alvine evacuations were light in color at the beginning, but not so much so as they became a week subsequently. He does not recollect, when first attacked, whether his skin was hot in the evening, but remembers being very thirsty. He had no pain over the kidneys. His water was very dark from the beginning. Having thus ascertained the history of the attack, the question arises, what brought about the disease? He was not, previous to the invasion, more than specially laborious; was not exposed to cold and damp, and received no unwelcome piece of news. He has never had chills and fever, although living in Washington, and had no chill when this disease began. From his own statements, therefore, this affection must be attributed neither to malaria, nor exposure, nor any sudden shock or mental depression. It came on rather suddenly, and co-existed from the first with diarrhœa. He had not eaten anything which disagreed with him. When this man was admitted into the hospital a few days ago, he was more deeply discolored than he is now, and besides it was noticed that his liver was slightly increased in size. It could not be called tender, although he complained of slightly more pain at the free margin under the ribs, than at any other portion. His urine showed a specific gravity of 1020, and was moderately high colored, acid, with slight deposit of phosphates on heating. No albumen present.

He has now no tenderness over the hepatic region. There is slightly increased hepatic dulness, although much less even than there was a few days since. The amount of dulness in the splenic region is large. There is nothing abnormal about the heart. The pulse is ninety-two. The skin is cool, but markedly discolored. Naturally, he says, it is very white. The conjunctiva is thoroughly tinged with yellow. The man therefore presents a typical illustration of jaundice, and that, moreover, of an acute character.

Now, it will be asked, what is the condition which brought it about, what is the prominent pathological state of the liver? It is to be remembered that we have here to assume, from the man's history, that it is a case of acute jaundice; we have to assume that he was previously in good health, his skin perfectly white, and that the phenomena developed themselves rather suddenly. Now, when this state of things is co-existing, you have either, as a rule, to deal with a high amount of acute congestion of the liver, with acute inflammation of that organ, or else with what is called catarrhal icterus, which, although there may be concomitant congestion, has as its main lesion, a catarrhal, and some inflammatory condition of the biliary passages. In this case we shall take the latter view; that we have here jaundice, dependent upon what we shall call catarrh of the biliary passages—catarrhal icterus. This opinion is held, because the history points to an acute development, and one which cannot very well be symptomatic of some other condition. In acute congestion of the liver we have generally pyemia, or typhus fever, sometimes a disease of the heart favoring acute congestion. There is nothing here of this kind, and the case is scarcely one of what might be called acute congestion of the organ. We assume it is not a case of hepatitis, because at this time of the year acute hepatitis—a rare disease in our climate—would hardly happen. Moreover, the absence of fever, and much constitutional disturbance of any

kind, proves that the malady cannot be classed as an instance of acute inflammation of the liver. Hence we are reduced to the last suggestion, catarrhal icterus. And this view is favored by the fact of the presence of increased percussion dulness, which always accompanies the affection in question, and by the deep jaundice, deeper than in mere congestion, and very much deeper than in inflammation, for both of these acute disorders of the liver are, or certainly the latter is, remarkable for the absence, rather than for any high degree, of this symptom. The co-existence of diarrhœa in the very early stages, which occurs in catarrhal icterus, is very significant. The diarrhœa is often the starting point of the disease, that is, the inflammation commences in the intestine, and spreads up through the biliary ducts, until you have marked jaundice produced. Such a state of things generally passes off in the course of two or three weeks under proper treatment.

Now, what treatment shall be adopted to further the recovery of this man? There is bile circulating in the blood. As we want to eliminate it, we shall act upon the skin and kidneys. It would be a good practice to give him warm baths, and to influence his kidneys by means of salines, such as cream of tartar, etc. Moreover, it will be found, in all cases of this kind, that salines, which act not only upon the kidneys, but which also unload the portal circulation, are particularly indicated. It was with this view that he has been taking, with great advantage, a solution of Rochelle salts. The man is considerably less jaundiced since he commenced to take this remedy, and there has been a decrease in the hepatic dulness, with a decrease, almost a cessation, of the tenderness. The manner in which this object of acting on the skin and kidneys, and unloading the portal circulation, is to be accomplished, will vary in particular instances. As the case advances, and the most acute symptoms pass off, very good results will be obtained from an occasional dose of calomel, especially if followed by saline treatment. But in the very earliest stages the salines are to be preferred to mercurials.

We very often can use local remedies with much benefit. Mustard poultices, dry cups, or even, in persistent cases, wet cups and blisters modify the catarrhal condition, and the co-existing congestion, and tend to shorten very much the duration of the attack.

The treatment of this patient will be warm baths, a tablespoonful of citrate of potassa in the afternoon and evening every few hours, and a continuation of the Rochelle salts.

April 4th. The patient was brought before the class to-day. He presents a very different appearance from what he did when last on the clinic, showing the correctness of the diagnosis, and the prognosis based upon it. His tongue is clean. Excepting on the conjunctiva but very slight signs of discoloration are visible. There is no tenderness at all over the hepatic region. The slight increase of percussion dulness noticed has disappeared altogether. The stools are solid and natural in color. The man is rapidly convalescing.

Five grains of calomel with five grains of rhubarb were ordered, together with a continuation of the Rochelle salts, in order to obtain a more decided purgative action than has yet been secured, with the view of unloading the portal circulation.

The urine has been carefully examined, and showed most unmistakeable signs of the presence of biliary coloring matter, as well as of biliary acids. When biliary acids are observed in the urine, an important point in the diagnosis is established, as there is then every reason to believe that the cause of the jaundice lies in some obstruction of the biliary ducts.

April 11th. The man this morning is perfectly well. There is still a very slight discoloration of the skin and conjunctiva. The color of the iris is again changing. He says that naturally his eyes were inclined to be blue. They were of a decided greenish cast while they were jaundiced, but are now regaining their bluish hue. He was directed to be careful as to his diet, and occasionally to take a saline purgative. In a week probably, at furthest, the slight trace of the discoloration now existing will have left.

Therapeutic Effects of the Ligation of Large Arteries.

Dr. Daniel F. Wright, formerly Professor of Physiology in Shelby Medical College, communicates in the April number of the *Richmond Medical Journal*, an article on the therapeutic effects of the ligation of large arteries, with five cases occurring under his own observation, and six under that of Dr. Campbell. In this paper it is claimed,—"that the ligation of the principal artery of a member, which is ordinarily supposed to occasion danger of gangrene and necrosis in the parts supplied by the occluded artery, has, on the contrary, a marked therapeutic influence, not only upon tumefaction and unhealthy discharges, and indolence in the healing process, but especially upon gangrene itself, which repulsive and dangerous disease it has uniformly and promptly arrested, in every instance in which it has been applied." In the five cases witnessed and described by the author, and in the six cases reported by Dr. Campbell, this uniform result was observed—that immediately from the date of ligation, large tumefaction has been superceded by recovery of the original contour, fetid ichorous discharges by laudable suppuration, and phagedenic gangrene by vigorous granulations, resulting in rapid separation of the eroded tissues. In all these instances the ligation was resorted to for the arrest of hæmorrhage; but so marked was its effect upon the gangrenous condition, that the question arises seriously, whether it may not be resorted to expressly for this therapeutical purpose. Dr. Wright considers these cases as offering sufficient ground for further observation, and suggests that every instance in which, for any purpose whatever, the artery is tied which supplies a gangrenous limb, the results ought to be carefully noted, recorded and published, in order that it may be seen whether future experience is in harmony with what has been stated.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SEVENTEENTH ANNUAL SESSION.

FIRST DAY.

Baltimore, May 1, 1866.

The Association convened at 11 o'clock, A. M., and was called to order by the President, D. HUMPHREYS STORER, M. D., of Mass., assisted by Vice-Presidents, T. C. DUNN, M. D., R. I.; S. O. ALMY, M. D., Ohio, and JAS. F. HIBBERD, M. D., Indiana.

The Treasurer, CASPAR WISTER, M. D., Pa.; the Permanent Secretary, WILLIAM B. ATKINSON, M. D., Pa., and the Assistant Secretary, GERARD E. MORGAN, M. D., Md., were present.

On motion of Dr. D. P. BISSELL, N. Y., the Ex-Presidents and Ex-Vice-Presidents present, were seated upon the platform.

The proceedings were opened with prayer by Rev. Mr. SPIESS, of Baltimore.

The Committee of Arrangements, through their Chairman, Dr. C. C. COX, Lieutenant-Governor of Maryland, welcomed the Association in the following remarks:

Mr. President and Gentlemen of the Association:

In obedience to an honored usage, as the organ of the Committee of Arrangements, I extend to you a most cordial greeting. The performance of this duty is to me no ordinary gratification. From various States, near and remote, you have gathered to-day, to learn more perfectly each other's worth in the light of social intercourse, and to place another garland, fresh and redolent, upon the altar of your favorite science. I welcome you to these halls; to the homes and hearts of my *confreres;* to the courtesies and hospitalities of Baltimore, and of Maryland!

For a few days the offices at home will be deserted—familiar forms no longer encountered on the rounds of daily practice—the sick room remain unvisited by its regular attendant. From the theatres of professional toil you have come to share another re-union of kindred spirits, animated, as all true disciples of learning should be, by sentiments of fraternal concord, and an earnest desire to enlarge the boundaries of science, and to elevate and dignify the noble calling to which your lives have been devoted. Physiology, Medical Chemistry, Pathology and Surgery, are adding richly every year to our stores of knowledge, and, fresh from book and bedside, you are here to compare views upon recent discoveries, suggest improvements in the imperfect systems of Medical Education, and add to the already accumulated contributions, which give interest to the printed transactions of the Society.

Mingled with a grateful appreciation of your presence in such goodly numbers, comes the regret that these seats hold so few representatives from our sister States of the South. In 1860, upon a lofty eminence, which looks down from the East upon the most beautiful city of New England, we shook hands with our brethren, and parted. The struggle for the nation's life, since so successfully achieved, had not then reddened the annals of our history. Weary years have dragged on, and in the process of time, at the end of that sanguinary contest, we would fain meet again those from whom we have been separated, draw the mantle of forgetfulness over the past, renew to them the expressions of our regard, and with them dedicate the hour and the occasion to the sacred cause of Learning, Friendship, and Truth.

These absent ones will yet return, but there are others who once shared in these meetings, whose vacant seats will never be filled. Eighteen years have elapsed since the American Medical Association, then in the second year of its existence, assembled in this city. In the circle of years it has come back to us once more, but sadly fraught with the changes of time. While we open our arms to the living, let us not be forgetful of the honored dead. More than one brilliant light has been obscured. CHAPMAN, WARREN, KNIGHT, IVES, SILLIMAN, MOTT, FRANCIS, DRAKE, HOOKER, CHEW, DALTON, and others, leaving a proud record of probity, honor and usefulness, have gone to their higher reward. A Roman author tells us that, long after the illustrious men of place had descended to the tomb, their images were presented on great public occasions, dressed in the insignia of their office, while the orator revived in the hearts of those present the memory of their lofty deeds. We require no such memorial of our departed. They are with us in our councils—they seem to occupy these very seats—we almost hear their familiar voices, and retrace the oft-scanned lineaments of their thought-graven countenances. Something of the dead still lingers at these anniversaries, animating us by ennobling example; pointing the path of honor they have so successfully trodden.

> "Nothing shall cover their high fame but Heaven;
> No pyramid set off their memories,
> But the eternal substance of their greatness,
> To which I leave them."

The return of peace brings abundant cause for congratulation. It is true the domain of science properly knows no sectional strife. No hostile step invades its soil—no bugle calls to battle—its votaries peaceably unite upon a common platform, and lay their offerings of good works upon one common altar. Let us, therefore, banish every thought that might interfere with the singleness of devotion we owe to the science of our choice, and, instead of the rank weeds of prejudice or hate, let us together cultivate the flowers of kindliness, fidelity and humanity.

In the retrospect of the war it is our solace that the medical man, under whatever flag he may have served, was found true to the teachings and aims of that sublime calling which, by common consent, has been placed next only to the mission of the Saviour and his self-sacrificing ambassadors. While the bullet and shell have been achieving their deadly work, the surgeon has been discovered cheering the heart of the despairing soldier, binding up his bleeding wounds, and removing, with as little consciousness of pain to the poor sufferer as possible, the

limbs that had become shattered and useless by the terrible accidents of war. While other minds have been intent on improvements in warlike implements, by which their fatal destructiveness might be enhanced, the surgeons of the army have been accumulating valuable facts for future reference, to be applied only to the relief of the diseased and wounded. The Surgical History of the War will, in coming years, stand forth a monument of the industry, skill and attainment of the medical profession of the army and navy of the United States.

With the dawning peace a new era opens before us. Spaces of labor extend far into the future—bloodless fields of triumph to be won, surround us on every side. The new age is pregnant with more potent influences, grander events, than the past. Let us help on the advancing work! Let us, as members of a great profession, add something to the mighty achievements which will mark the opening era. Let us light a fresh flame upon our altars, which may spread its illuminating rays to the farthest recesses of this vast continent, and be seen and felt throughout the world.

But I am exceeding the limits of this address of welcome.

Most of the principal cities, as you know, have been from time to time honored by the meetings of this Association. Philadelphia, Boston, Cincinnati, Charleston, Richmond, New York, St. Louis, Detroit, Nashville, Washington, Louisville, New Haven, and Chicago, have been visited, and some of them more than once, by the members of this body. In each of these places we have been cordially received and hospitably entertained, and each is associated in our minds with agreeable and ineffaceable recollections. We trust our own Monumental City will prove no exception to this pleasant rule, but that after the few brief days of your sojourn in our midst, you will take with you to your homes something to remind you not ungratefully of the meeting at Baltimore.

I again greet you, gentlemen, from whatever section of the broad Union you come—North or South, East or West, and extend to you, once more, one and all, a fervent and cordial welcome!

Dr. Cox then offered sundry documents in regard to Dr. M. A. Pallen, exculpating him from the charges on which he was expelled at the session last year in Boston.

On motion of Dr. Wilson Jewell, Pa., the order of business was suspended, to allow these to be received.

Dr. Cox moved to refer the papers to the Committee on Medical Ethics, with a request that they report promptly.

Dr. Jas. M. Toner, D. C., offered as a substitute, that Dr. M. A. Pallen be immediately reinstated as a member of the Association.

After much discussion, Dr. W. B. Bibbins, N. Y., called the previous question, which was seconded by Dr. Jewell, Pa., pending which, Dr. Wm. Mayburry, Pa., rose to a point of order, that the Association was not yet organized.

The President decided the point of order not well taken.

Dr. J. H. Owings, Md., desiring information on the subject under discussion, the President stated the facts in connection with the case, as it occurred in Boston.

The main question was then stated and carried, and the whole matter referred to the Committee on Medical Ethics.

Dr. Worthington Hooker, Conn., having stated that he was the only member of that committee then present, the President appointed Drs. T. C. Brinsmade, N. Y., and N. S. Davis, Ill., to act with him in this matter.

A motion by Dr. W. Jewell to dispense with the roll-call was negatived.

Dr. Cox, on behalf the *Committee of Arrangements*, read the following programme for the Association:

I. The meetings of the Association will be held in "Concordia Hall," commencing on Tuesday, 1st May, 11 o'clock, A. M.

II. The Sections will be located as follows:
   1. Chemistry and Materia Medica—Concordia Buildings.
   2. Medical Jurisprudence and Hygiene, and Physiology—Concordia Buildings.
   3. Psychology—Concordia Buildings.
   4. Practical Medicine and Obstetrics—Dental College, corner of Hanover and Lombard streets.
   5. Surgery and Anatomy—Dental College, corner of Hanover and Lombard streets.
   6. Meteorology, Medical Topography, and Epidemic Diseases—Knabe's Concert Hall, corner of Eutaw and Baltimore streets.

III. Promenade Concert and Entertainment at Concordia Hall, Tuesday, May 1st, at 8, P. M.

IV. Private Soirées at Residences of Dr. C. C. Cox, 23 McCulloh street, Dr. T. S. Bond, 82 Read street, and Surgeon Josiah Simpson, U. S. A., 40 Calhoun street, on Wednesday evening, 2d May.

V. Entertainment by the Mayor and City Council of Baltimore, Thursday evening, 3d May.

VI. Excursion to Annapolis, and Reception by the Governor of Maryland, His Excellency Thomas Swann, on Friday, 4th May.

The Permanent Secretary called the roll of those present. There were registered 326.

Maine, 5; New Hampshire, 2; Vermont, 3; Massachusetts, 17; Rhode Island, 4; Connecticut, 9; New York, 66; New Jersey, 15; Pennsylvania, 56; Delaware, 5; Maryland, 65; Virginia, 1; District of Columbia, 34; West Virginia, 1; Ohio, 11; Indiana, 5; Illinois, 3; Michigan, 3; Wisconsin, 3; Iowa, 3; Missouri, 2; Tennessee, 5; Georgia, 1; California, 1; Mississippi, 1; Texas, 1; Lower Canada, 1.

The Committee of Arrangements presented the name of Dr. Jas. E. Reeves, of West Virginia, as a member by invitation, and on motion, he was elected.

Dr. T. S. Bond, Md., offered the following:

Resolved, That the Committee on Medical

Ethics be instructed to report that Dr. M. A. Pallen be reinstated, and they express the most profound regret on behalf of the Association, for the injustice done him.

On motion of Dr. Bibbins, the resolution was laid on the table.

Vice-President Jas. F. Hibberd, M. D., Indiana, having taken the chair, the President delivered the Annual Address.

On motion of Dr. D. P. Bissell, New York, the thanks of the Association were tendered to the President, for his able and interesting address, and it was referred to the Committee of *Publication.*

The Committee on *Medical Ethics* presented their report relative to the case of Dr. Pallen. The report was read, and after much discussion, and the failure of a motion to recommit and add the resolution of Dr. Bond, the Committee amended their preamble, and presented the following, which was unanimously adopted:

"The Committee to whom were referred the papers relative to Dr. M. A. Pallen, respectfully report that they have examined the evidence, embracing documents endorsed by General Grant, the Vice-Consul of the United States at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded, and therefore, regretting the injustice done both to Dr. Pallen and the Association, do recommend the following resolution:

"*Resolved*, That the preamble and resolution adopted by the Association, at their annual meeting in Boston, June, 1865, expelling Dr. Pallen, be hereby rescinded, and that Dr. Montrose A. Pallen be restored to his previous membership in the Association."

On motion of Dr. J. P Ordway, Massachusetts, a committee of three was appointed to wait on Dr. Pallen, report the action of the Association, and invite him to meet with us.

On motion of Dr. Owings, Maryland, Dr. Cox, Maryland, was made chairman of that committee.

Committee—Drs. C. C. Cox, Maryland, J. P. Ordway, Massachusetts, and L. A. Sayre, New York.

The Committee retired, and returned with Dr. Pallen, who was presented to the Association.

Dr. Pallen expressed himself highly gratified by the action of the Association, and returned thanks to the Association, and also to Dr. Cox, for his manly conduct.

Reports of committees were then called for.

On *Quarantine*, Dr. W. Jewell, Pennsylvania, chairman, reported progress, and was continued.

On *So-called Spotted Fever*, Dr. J. J. Levick, Pennsylvania, chairman, reported, and the report was referred to the section on Practice of Medicine and Obstetrics.

On *Ligature of Subclavian Artery*, Dr. Willard Parker, New York, chairman. No report. The Committee was continued.

On *Tracheotomy in Membranous Croup*, Dr. A. N. Dougherty, New Jersey, chairman. The Permanent Secretary read a communication from Dr. D., and on motion, the subject was referred to the section on Surgery.

On *Rank of Medical Corps in U. S. Army.* On motion of Dr. Cox, it was agreed to consider the subject in general session.

On *Alcohol and its Relations to Man*, Dr. G. E. Morgan, Maryland, chairman, presented a report, which was referred to section on Hygiene, etc.

On *Insanity*, Dr. A. Hitchcock, Massachusetts, chairman. A communication from Dr. H. was read by the Permanent Secretary, and on motion, Dr. H. was excused from further action on the committee.

On *Milk Sickness*, Dr. R. Thompson, Ohio, chairman. It was announced that Dr. T. had deceased.

On the *Relation which the Doctrine of the Correlation and Conservation of Forces bears to the Physiological and Pathological Condition of the Human System*, Dr. S. L. Loomis, District of Columbia, chairman. No report.

The paper on *Electricity*, by Dr. S. Littell, Pennsylvania, referred to this committee last session, was offered with an explanatory letter, and was referred to the section on Hygiene, etc.

On *Progress of Medical Science*, Dr. J. C. Smith, New York, chairman, reported progress, and was continued.

On *Diphtheria*, Dr. H. D. Holton, Vermont, chairman, presented a report which was referred to section on Practice of Medicine, etc.

On *Comparative Value of Life in City and Country*, Dr. E. Jarvis, Massachusetts, chairman. A communication was read showing progress, and the Committee was continued.

On *Drainage and Sewerage of Cities, etc.*, Dr. W. Jewell, Pennsylvania, chairman, reported progress, and was continued.

What Effect has Civilization on the Duration of Human Life? Dr. A. A. Gould, Massachusetts, chairman. No report.

On *Disinfectants*, Dr. E. M. Hunt, New Jersey, chairman, presented a report which was referred to section on Hygiene, etc.

On *Compulsory Vaccination*, Dr. A. N. Bell, New York, chairman, reported progress, and the subject was referred to section on Hygiene, etc.

On *Strangulated Hernia*, Dr. W. F. Peck, Iowa, chairman. No report.

On *Causes and Pathology of Pyæmia*, Dr. J. J. Woodward, U. S. A., chairman, presented a report which was referred to section on Surgery.

On *Use of Plaster of Paris in Surgery*, Dr. J. L. Little, New York, chairman, reported progress and was continued.

On the *Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever, Diphtheria and Scarlatina*, Dr. N. S. Davis, Illinois, chairman, presented a report which was referred to section on Meteorology, etc.

No reports were received from the Committees on *Meteorology, Medical Topography, and Epidemics.*

Voluntary communications were presented on *Luxation of the Hip Joint*, by Dr. L. A. Sayres, New York, and referred to section on Surgery.

On *Impurities in Water Pipes*, by Dr. J. C. Draper, New York, and referred to section on Hygiene, etc.

Dr. COX having announced that Dr. BROWN SEQUARD desired to lecture before the Association on *Treatment of Nervous Affections*, it was made the special business for Wednesday at 11 A. M.

On motion of Dr. DAVIS, Illinois, Dr. WM. MARSDEN, of Canada, was invited to a seat on the platform, and unanimously elected a Permanent Member.

A paper on *Extirpation of the Uterus*, was presented by Dr. H. R. STORER, Massachusetts, and referred to section on Surgery.

On *Permanganate of Potassa as a Purifier*, by Dr. CRAIGE, of District of Columbia, and referred to section on Hygiene, etc.

On a *New Apparatus for fractured Patellæ*, by Dr. J. M. BOISNOT, Pennsylvania, and referred to section on Surgery.

On *Local Anæsthesia*, by Dr. J. S. COHEN, Pennsylvania, and referred to section on Practice of Medicine, etc.

On *Aluminium in Dentistry*, by Dr. A. MASON, Massachusetts, and referred to section on Chemistry.

On *Extirpation of Lower Jaw*, by Dr. D. W. C. ENOS, New York, and referred to section on Surgery.

On motion, the Association adjourned until 9, A. M., on Wednesday.

[To be continued.]

ACADEMY OF MEDICINE OF NEW YORK.

Dr. McCready on the Physiological and Pathological Effects of Alcohol.

Dr. MCCREADY remarked that there were very few subjects which had caused so much of controversy as the physiological and pathological effects of alcohol, and especially its dietary relations. Its wide-spread use, and the extreme opinions held by different persons regarding the uses of alcoholic beverages have embittered the controversy to a great extent, and given rise to much harsh discussion.

Thirty years ago the schools prohibited the use of alcohol in inflammatory diseases and fevers. Gradually, however, a change of opinion took place. It is probable that this change of opinion was brought to this country from abroad. STOKES and GRAVES were the gentlemen who used alcoholic stimuli first in typhoid and typhus fevers. From these diseases their use was extended to low forms of inflammation. In this country, the practice was carried even to a larger extent than abroad. The administration of twenty, thirty, or forty ounces of whisky or brandy, in the course of twenty-four hours, had been nothing uncommon.

Within the last few years a change has again taken place, and alcohol, by many, is less used now. Still the large body of physicians lag behind, and by the mass of the profession alcohol is still used very largely.

Dr. TODD's influence, by his teachings and practice, has been very powerful in favor of the free use of alcoholic remedies; but of late, certain physiological investigations and researches have led to their diminished use. Still these researches are not yet altogether accepted. Dr. STILLÉ, in the last edition of his work, still advocates that this class of articles possess nutritive properties, and WOOD, in his last edition, gives his opinion to the same effect. I cannot expect to throw new light upon the subject, but desire only to collate such facts as come up to our present knowledge of the subject.

Physiological Effects. Until a comparatively recent period, we knew very little indeed of the true theory of nutrition. We only knew that certain articles, taken as food, nourished the body, but *how*, by what changes, was unknown. Through the combined labors mainly of the French chemists and physiologists, who analyzed the formation of aliments and tissues, new light was thrown upon the subject. It had been generally accepted that wine and alcohol had some play in nutrition, but when chemical analysis had advanced thus far, it was soon found that it could not in substance enter as a part of the tissues of the body. What part then did it play? It was then believed that, like the fatty or starchy elements of food, it was capable of sustaining animal heat, that it contributed to respiration. LIEBIG called it respiratory food, and contended that it was more readily absorbed and convertible into the respiratory gases than fats themselves. This led to its high employment.

It was soon seen, however, that certain substances into which alcohol is decomposed, when undergoing various degrees of oxydation, such as acetous and acetic acid, carbonic acid and water, should, if it served respiration by being burned up, be found in the body sooner or later after its ingestion. It was thought, in 1833, that acetic acid had been found, at least it was claimed by one or two observers that traces of acetous, acetic, and oxalic acid had been discovered after the use of alcohol. But the very next year, it was shown that the tests which had been employed were unreliable and that the proofs were insufficient; and furthermore, experiments made upon animals which had been poisoned by alcohol, showed that alcohol in substance was still found after death, and that it was not burned up—at least not all. These experiments, however, attracted little attention at the time, and LIEBIG's theory still remained in full sway.

In 1860, LALLEMAND and others entered again on experiments, and commenced anew a tho-

rough study of the subject. They discovered in animals which had been poisoned by alcohol, that the alcohol was present in the brain and blood, and in the urine of old drinkers; they discovered it by obtaining it in substance, as well as demonstrating its presence by chemical tests. Still it was remarkable in these experiments that the peculiar alcoholic odor could only be detected when considerably concentrated. It was also discovered in the breath and in the cutaneous exhalation, but not in sufficient quantity to burn. One of the tests which they used consists of one part of bichromate of potass to three hundred parts of sulphuric acid; a deep-red color is struck by a very small addition of alcohol to this solution, which is not the case with other reagents. Provided with this test and proper apparatus, alcohol was soon detected, not only in the breath and urine, but, in the animals experimented upon, in nearly all the tissues. But, besides its presence, it was also found that the quantity of the alcohol present varied in the different tissues. When it had been carried into the system through the stomach, it was found to be most abundant in the liver, next in the brain, next in the blood; but when it had been introduced by injection into the jugular vein, its greatest abundance was first in the brain, then the liver, and lastly in the blood.

These experiments were followed up by careful experimental researches regarding the excretions, and none of the results of oxydation of alcohol were found—neither acetous, nor acetic acid, etc. It was ascertained that the elimination of alcohol (*e. g.*, of half an ounce of brandy) took considerable time, that it commenced generally in half an hour after ingestion, and could still be detected after eight hours in the breath, and fourteen hours in the urine. Its elimination through the skin was also ascertained by accurate experiments. Other observers, as Edwin Smith, of London, repeated these experiments of Lallemand. He discovered alcohol in the cutaneous exhalation of men, given off in perceptible quantities upon the ingestion of even small doses.

The following points then may be observed as constituting the evidence furnished by these experiments:

1. That soon after ingestion, alcohol begins to be eliminated by the skin, breath, and urine, etc.

2. That this elimination extends over a long period.

3. That none of the results of oxydation of alcohol have been discovered.

4. That alcohol seems to have a peculiar affinity for certain organs and tissues — foremost among these the brain. In a soldier who had died thirty-six hours after taking a quart of brandy, the quantity of alcohol furnished on chemical examination of the various organs was:

Brain,	8 parts.
Liver,	2 parts.
Blood,	3 parts.

The conclusions, however, which have been claimed as legitimately deducible from these investigations, have been met with several objections. While it is acceded that alcohol is eliminated as such, it is claimed that this elimination relates only to the surplus amount, and that some of it is decomposed and undergoes changes during the metamorphosis of nutrition. It would be impossible to collect the whole amount of a given quantity taken into the body by experiments, and furnish demonstrative evidence sufficient to remove all these theoretical objections. On the other hand, too, it must be remembered that most, if not all the vegetable alkaloids, such as as morphia, quinia, atropia, etc., are all eliminated, yet they exercise their effect while circulating in the capillaries.

Dr. Anstie has stated that some substances aid or add to nutrition, and still are eliminated, There are certain substances which will be absorbed where there is a deficiency in the system. Common salt he quotes as one of these. Again, no food is ever directly taken into the circulation. Even the white of an egg, etc., must undergo preparation and some change before it is absorbed and enters the current of the blood. But alcohol is not changed. It is taken directly into the blood, and again eliminated from it. Again, no food is ever eliminated in kind, while alcohol is thus eliminated. Hence we cannot see how alcohol can be considered as bearing any analogy to food.

(The further discussion of this subject was postponed till a subsequent meeting.)

Presence of Lead in Tinned Vessels.

According to the *Journal de Pharmacie et de Chimie*, by a French ministerial instruction it has become necessary to examine all tinned vessels that are used in the military hospitals of France. The simple method proposed by M. Jemmel is as follows: Five decigrammes of the metal are treated with an excess of nitric acid, diluted with one-third of its weight of water, and the whole made to boil. To the filtered liquor a crystal of iodide of potassium is added. If the liquor only contains 1-1000 of lead it will produce a yellow precipitate, which is very apparent, and does not disappear on the addition of ammonia.

Editorial Department.

Periscope.

Typhoid Fever in Children.

In his "Clinical Records illustrative of the Diseases of Children," published in the *Dublin Press and Circular*, Dr. G. Stevenson Smith makes the following remarks on diet and treatment of typhoid fever in children:

With regard to the very important subject of diet we have merely to say that the patients are allowed sweet milk *ad libitum*, with small quantities of beef-tea occasionally, and this is all the food that is necessary. During convalescence, however, eggs are sometimes given, generally beat up in the form of flip. Solid food, such as beef, etc., is often productive of much evil, by being given too soon, and is a frequent cause of diarrhœa and feverishness. As to the use of wine and brandy, that is a subject which has caused a great deal of discussion, and concerning which much diversity of opinion still prevails. Experience leads us to take up no extreme position on one side or the other, for while we hold that stimulants are often used much too freely, and to the injury of the patient, we must at the same time admit that we have seen typhoid patients saved by the continuous and judicious administration of brandy. The fact is, that many cases will do well without a single drop of wine, while others need to be stimulated from the very first. There are some physicians who in every case of fever pour into the patient so great a quantity of wine or brandy, that the symptoms are rendered most complex and confused; while others again, even when the patient's powers are flagging, when the tongue is black, and the teeth are covered with sordes, refuse to allow the administration of any stimulant whatever. The exercise of a wise discrimination on the part of the practitioner is therefore required to prevent his falling into error. If the diarrhœa is troublesome, sound port wine is the most suitable. When there is much nervous prostration, indicated by tremor of the tongue and hands, brandy ought to be given.

As to medication, the patients in the Children's Hospital, Edinburgh, generally are given the following:

R.	Acid. hydrochlor. dil.,	f.ʒj.	
	Syrup. simplex,	f.ʒj.	
	Aquæ,	f.ʒiij.	M.

S. A dessertspoonful every four hours. Occasionally, if a stimulant is indicated, a drachm of the sp. æth. nit. is added. This mixture is very pleasant to the taste, and possesses tonic and refringent properties; besides it is eagerly taken, and indeed often greedily demanded by very young children.

If diarrhœa exists, a few grains of Dover's powder are generally most useful. When the looseness is very persistent, a grain or half a grain of plumb. acet. should be added. When hæmorrhage occurs, enemeta of starch and laudanum will be found of much benefit, but occasionally more active remedies are required. Nitrate of silver in ¼ or ½ grain doses, along with some preparation of opium, is often attended with much benefit. When the breath and evacuations smell badly, the chlorate of potass., dissolved in milk or water, and given as a drink, acts very beneficially.

If there is much tenderness of the belly, warm light poultices of linseed meal, or turpentine stupes are useful in allaying the pain, while an enema of castor oil, and a few drops of the tincture of asafœtida, will be of use in removing the tympanitis, which is frequently troublesome and distressing.

Paralysis after Diphtheria.

Dr. Wm. Moore, Lecturer on Practice, at Mercer's Hospital, Dublin, in a clinical lecture on paralysis after diphtheria, published in the *Medical Press and Circular*, gives the following case:

Martha L., aged 16, admitted March 20th. Appearance anæmic and dejected, stupid; questions having to be repeated, generally, before an answer was received. Up till two months before admission, she had been a strong healthy girl; she then got a sore throat, as she described it, which lasted over a month. About a week after recovering from this, she was seized with paralytic symptoms: partial loss of voice, which assumed a *nasal* character; complete anæsthesia of the velum, uvula, and arches of the palate; more marked over the left half of the tongue and toward its base. Taste and smell impaired—but hearing unaffected. Tingling sensation in the lips, which at times felt as if asleep. Fluids only could be swallowed, and these often regurgitated. Dilatation of both pupils, especially the right, affecting the eyesight so far as to prevent reading. Sensation of creeping over the fingers, palms, extending to the elbows, and some sensation in lower extremities, as far as the knees. Pain along the course of the spine generally, but especially in the cervico-dorsal region, and when walking, she could not keep herself erect, and seemed semi-paraplegic.

The character of the paralysis was progressive. First, the muscles of the pharynx became affected, then those of the tongue, lips, eyes, and upper extremities, and lastly, the lower extremities. The larynx did not appear implicated. Albumen in the urine.

Treatment. One-twentieth of a grain of strychnia, with one and a half grains of sulphate of iron, three times a day. A liniment of compound camphor, with chloroform, applied daily along the spine. Diet liberal, good beef-tea, and four ounces of wine. Result after twelve days of this treatment: Can hold herself erect, and walk without drag or ataxy; eyesight so far improved, that she can read for her amusement; senses of smell and taste returning; albumen gradually disappearing from the urine. All the paralytic phenomena, with the exception of difficulty of deglutition, steadily vanishing.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 19, 1866.

MEDICAL PURVEYING OF OUR ARMIES DURING THE LATE WAR.

To those who have been accustomed to look upon the gifts and labors of the Sanitary Commission to the soldiers of our armies during the late war, as affording almost the only source from which medical and hospital supplies could be obtained for the sick and wounded, the statement of supplies furnished, and of moneys expended for the same, from one of the Army Medical Purveying Depots alone—that of New York—will furnish a full refutation of the claims of the Commission, as far as these claims are pushed, to throw into the shade the labors of the Government officers. Indeed, all that the Sanitary Commission has done is not a tithe of the labor performed and supplies furnished by the Government, though the ostentation with which the agents of the former advanced their work before the public, generally implied the idea, as if upon it alone depended the sanitary care of the soldiers.

From the report of Dr. Satterlee, Brev. Brig. General, Surgeon, and Medical Purveyor, U. S. A., it appears that the moneys expended by him in purchasing supplies, and for services of contract surgeons, nurses, etc., during the war, or from April 15th, 1861, to December 31st, 1865, at the depot in New York, over which he presided, amounted to $18,086,569 31. This is one depot alone, and for aught we know, those of Philadelphia and in the West, statements of which have not reached us, may sum up to the same amounts.

In order that the reader may appreciate the vast amount of supplies furnished and of labor performed in this work, we will quote but a few of the most prominent items from the long catalogue comprised in the report.

Among the list of *medicines* we find: Alcohol, 131,854 qts.; brandy, 149,376 qts.; camphor, 11,257 lbs.; sulphate of cinchonia, 115,013 ozs.; citrate of iron and quinine, 27,819 ozs.; chloroform, 28,313 lbs.; copaiba, 25,853 lbs.; Peruvian bark, 10,165 lbs.; ginger, 14,181 lbs.; iodine, 28,000 ozs.; sulphate of magnesia, 182,350 lbs.; castor oil, 60,176 qts.; camphor and opium pills, 143,167 doz.; cathartic do., 197.345 doz.; opium pills, 193,155 doz.; quinine do., 62,483 doz.; mustard, 64,351 lbs.; sulphate of quinine, 294,365 ozs.; castile soap, 106,314 lbs.; whisky, 449,213 qts.; different wines, over 200,000 qts.

Of *hospital stores*, we only quote: Extract of beef, 296,592 lbs.; corn starch, 125,913 lbs.; dessicated vegetables, 55,108 lbs.; farina, 83,630 lbs.; concentrated milk, 254,318 lbs.; ale, 440 casks; porter, 430,616 bottles; white sugar, 363,596 lbs.; tapioca, 46,467 lbs.; tea, 158,051 lbs.

Of *surgical instruments:* Amputating sets, 335; amputating and trephining, 95; pocket sets, 5688; trusses, assorted, 22,630.

Among the *dressings*, we have: Adhesive plaster, 82,164 yds.; linen, 99,510 yds.; lint, 96,365 yds.; muslin 668,178 yds.; roller bandages, assorted, 239,765 doz.; suspensory bandages, 52,329; fine sponge, 86,611 ozs.; towels, 38,158 doz.

Hospital clothing; Drawers, 361,242; shirts, 479,828; slippers, 221,372 pairs; socks, 503,178; woollen blankets, 528,218; canton flannel, 143,896 yds.

From these few items, it will be seen how well and how amply the necessities of our sick and wounded were provided for. We would fail, however, in our duty as journalists, were we to omit to mention the existence of one anomalous fact connected with the medical department of the army—the fact of entirely inadequate remuneration, pecuniary and in rank, of the medical staff of the army. Here, for instance, we see a medical officer responsible for property worth fifteen millions of dollars, transacting a business annually larger, perhaps, than that of any mercantile firm in the United States, and yet his pay does not amount to more than the salary of a dry-goods clerk in a first-class house, and when he is retired, after serving his country well and faithfully through a lifetime, his pay is not enough to afford a comfortable subsistence to himself or family. Is not this wrong?

"PROSTITUTING SCIENCE."

In the Reporter for January 20, 1866, in an editorial under the caption of "Prostituting Science," we were unwittingly led into an error, by which we cast undeserved censure on Dr. James Jones, Professor of Practice in the Medical Department of the University of Louisiana. Our remarks were founded on what purported to be a report of an introductory lecture of Prof. Jones, published in a New Orleans paper. We are glad to learn that the report did Professor Jones injustice, and that he did not, on the occasion referred to, lay himself open to the animadversions contained in our article.

The manner in which the error by which we were misled occurred, was as follows, as described in a letter from a friend in New Orleans:

"The facts are these, that *not one of the words*

which you quote from the *New Orleans Times*, not one *objectionable sectional* word was used by Prof. Jones in his address to his class.

"How then came such words to be published in the newspaper reporting his introductory address?

"In this way. Dr. Jones's Introductory of 1866, was a repetition of that of November, 1861, except that the introductory sectional remarks of 1861 were altogether omitted; but, unfortunately, the manuscript notes thereof were still in the chief manuscript, and the careless reporter, to whom the manuscript was handed by request, reported the sectional remarks made in 1861, as delivered before himself in 1866, an error which annoyed Dr. Jones, and which was corrected by a notice in the same newspaper."

As the lecture of 1861 was not under review in our article, but what we had good reason to suppose was the lecture of 1866, we have nothing to do but to render the proper *amende* for the criticisms referred to, and offer the above explanation of the manner in which we were misled.

Notes and Comments.

State Medical Society of Michigan.

Active efforts are being made, we understand, by some of the local Medical Societies of Michigan to establish a Medical Society of the State. Michigan at present is one of the few States without such a Society, although its educational State establishments, especially its University, are second to none in the United States, and conducted in the most liberal and comprehensive manner. The *Detroit Review of Medicine and Pharmacy* says, that a convention of physicians will probably be held at some convenient point, in May or June next, for the purpose of organizing the Society; and that its regular meeting be held sometime next winter, at Lansing, during the session of the Legislature.

The Progress of Medical Journalism.

We have received the first number of the *Southern Journal of the Medical Sciences*, edited by Drs. E. D. Fenner, D. Warren Brickell, and C. Beard, with Drs. W. S. Mitchell, A. W. Perry, and Joseph Holt, as assistant editors. The *Journal* is a quarterly, at $8 per annum. It contains 200 pages of reading matter, original and selected; and the quality of both departments may be judged of from the character and standing of the editors, who are known as among our best and most intelligent medical writers.

In welcoming this excellent journal to our table, we are pained to have to announce the recent decease of one of the editors, Dr. E. D. Fenner,—a loss, not only to the journal, to New Orleans, or the South, but to the country and the world. His literary contributions in the cause of medical science are many and valuable, and we doubt not he has left many valuable papers, which we shall look for with much interest.

The Galaxy.—The second number of this new fornightly magazine, is an improvement on the first. It is larger, by 16 pages, and contains a fine variety of literary contributions and selections. Dr. Wm. H. Draper, of New York, contributes an article entitled "The March of the Cholera;" and M. Pierre Blot, the well known teacher of the culinary art in New York, the first of a series on "The Art of Dining." Other contributors to this number are Anthony Trollope, Rose Terry, Mrs. Edwards, G. Cluseret, Maria L. Pool, Frances Power Cobbe, E. C. Stedman, John Esten Cooke, and others,—all names well known in literature. Such writers, and the elegant getting up of the work, must secure to the *Galaxy* a wide circulation.

Books and Pamphlets Received.

We have received "Sims' Uterine Surgery," by J. Marion Sims, M. D., of New York, now in Europe. From W. Wood & Co., New York.

Nelson on Asiatic Cholera. From Townsend, New York.

Statement of Medical and Hospital Supplies, furnished to the Sick and Wounded of the U. S. A., and moneys expended for the same, at New York, from April 15th, 1861, to December 31st, 1865. By Bvt. Brig.-Gen. R. S. Satterlee, Surgeon and Med. Purveyor U. S. A.

Annual Report of the Surgeon-General, U. S. A. 1865.

The Application of Sutures to Bone in Recent Gun-shot Fractures, with Cases, etc. By Benj. Howard, M. D.—Communicated by John Birkett, Esq., F. R. C. S. From Vol. XLVIII. of the "*Medico-Chirurgical Transactions.*" London. 1865.

Annual Report of the Resident Physician of the city of New York, for 1865. New York.

Tracts for the People; by Edwin M. Snow, M. D.

American Medical Association.

We are sorry at being unable to give this week the minutes in full of the late meeting of the American Medical Association, as the Secretary could not prepare them in season. The remainder of the minutes will appear next week.

Erratum. In Dr. Forwood's communication in last week's number, p. 378, second column, fifth line from top, for *means* read *names*.

☞ We have had applications for copies of the "Record of the Federal Dead buried from Libby, Belle Isle, Danville, and Camp Lawton prisons, and at City Point, and in the Field before Petersburg and Richmond," published by the U. S. Christian Commission. We can now furnish a limited number of copies.

Correspondence.

FOREIGN.

Local Anæsthesia.

Editor Medical and Surgical Reporter:

Among the late novelties in surgical and medical appliances, perhaps none has attracted more attention in these countries, during the past few months, than that of Dr. Richardson, of London, for producing local anæsthesia by means of the spray of ether thrown upon the part. A considerable number of trials of this method of producing insensibility to pain during minor surgical operations have been made in this city. Mr. Symes, one of the surgeons to Stevens' Hospital, has tried Dr. Richardson's plan with almost universal success. It has also been tried in the Meath Hospital, and reported upon favorably by the surgeons of that institution. Mr. McClean, the surgeon-dentist of the City of Dublin Hospital, has made use of this means of producing anæsthesia during the removal of teeth, and with a very satisfactory result.

The "Immediate Method" in Stricture of the Urethra.

The time has at length arrived for testing the permanence of relief from stricture of the urethra in cases treated by the "immediate" method of Mr. Holt, of London, and surgeons are anxiously looking for cases where this operation has been performed some time previous. Mr. Fleming has had the opportunity of observing one of these cases at the Richmond Hospital. A man applied to Mr. Fleming for relief from piles. On the patient presenting himself, the surgeon at once recognized a case which Mr. McNamara had treated in the Meath Hospital, by means of Holt's dilator, and had at the time shown to him. Mr. Fleming examined the patient, and was much pleased to find that the relief which had been afforded by Mr. McNamara was permanent, and that a full-sized sound instrument could easily be passed along the urethra.

Empyema. The Drainage Tube. The Endoscope.

An interesting case of the treatment of empyema by means of the drainage tube has lately occurred in the practice of Dr. Gurdon at the Whitworth and Hardwicke Hospitals. The case, which was a very serious one, completely recovered. A point of particular interest in this case was that the inside of the pleural cavity was examined by means of the endoscope of Dr. Cruise. The pleura was not found to be rough, as usually imagined in such cases, but quite smooth.

Aphasia.

A case has occurred in the practice of Dr. Hayden, at the Mater Miserecordiæ Hospital, which tends to confirm the idea that the special cerebral lesion accompanying aphasia is disease or injury of the left frontal convolution. In the case mentioned there was aphasia, and after death the left side of the brain was found considerably smaller than the right, and its frontal convolution in a semi-fluid condition.

Fissure of the Sternum.

Dr. Quinlan has had a case of rare and curious interest under his care at St. Vincent's Hospital, of which, by his kindness, I can give some particulars.

The case, as described by Dr. Quinlan, is one of fissure of the sternum in a female patient. The fissure was produced by caries of the bone. The case now presents an appearance similar to that of the celebrated case of Mons. Groux, exhibited here and elsewhere about eight or nine years since. The fissure, is closed by cicatrized skin, under which can be seen three (3) separate undulatory movements, which Dr. Quinlan refers to the right auricle, the right ventricle, and the commencing portion of the pulmonary artery. On auscultation, the ordinary sounds of the heart are distinctly heard, louder than usual, and at the conclusion of the first sound, a peculiar metallic sound is occasionally present. At the time I examined the case, I distinctly heard this metallic sound, which much resembles the jingle of a number of small silver coin shaken in the hand. Dr. Quinlan has made a considerable number of, and is still making interesting observations as to the exact difference in time between the systole of the ventricle and the seat of the pulse in various arteries of the body. These observations may lead to useful results as to diagnosis in head disease.

Necrosis of Jaw-bone.

At a recent meeting of the Surgical Society of Ireland, Dr. Grimshaw exhibited an interesting specimen of necrosed upper jaw-bone, from a child of five years old. The child had suffered from a severe attack of fever, after which the portion of bone containing the two temporary molar and alveolus of the canine of the right

side, with the rudiments of two permanent teeth, was exfoliated. The case was of interest from the rarity of the occurrence after fever.

Typhus Fever.

I may mention that typhus fever, which has been more than usually prevalent in this city during the past two years, now seems to be on the decline. T. W. G.

Dublin, April 20th, 1866.

DOMESTIC.

On Anæsthetics.

Editor Medical and Surgical Reporter:

Permit me, through the columns of the Reporter, to contribute a few remarks upon the subject now attracting some attention, of the comparative merits of nitrous-oxide and other anæsthetics.

Almost since the first general introduction of anæsthetics into surgical application, (fifteen or sixteen years,) I have been in almost daily experience with them, that experience embracing most of the substances employed to produce anæsthesia, either general or local.

On the recent re-introduction of nitrous-oxide for that purpose, I made careful experiments with it, both in its preparation and its application, my experience rising in the aggregate to some hundreds of successful cases, (teeth extraction,) yet I am not prepared to give it so sweeping a preference as does Dr. Carnochan over chloroform and ether. I am not of those who resent all innovation of established practice, but while we lean generously toward the *new*, let us at least not be unjust to the *old*.

I am aware that novelty has an almost irresistible charm even to the most matured judgments, and that the well known and very laudable desire of our representative men for progress, may sometimes lead them into undue enthusiasm in prematurely signalizing an advance, is not altogether unnatural; but while we are proud of their enterprise, let us beg of them that they will not commit themselves too fully upon very limited data. It seems to me that the data in regard to nitrous-oxide as an anæsthetic, are far too limited to admit, in fairness, of any conclusive comparison of its merits with those of chloroform and ether.

Furthermore, I wish to remark that we are accustomed to speak of the danger to life connected with the inhalation of ether and chloroform as being inherent in these agents, and I wish to inquire of your readers if, in the general private opinion of the profession, this is really the case.

There have been deaths occurring under their administration—no one doubts that; but, *entre nous*, have none occurred from the bungling or unskilful use of the surgeon's knife?

Who is prepared to say that a larger proportion can be justly placed to the charge of the one than to that of the other?

Yet I apprehend that no one would aver that the danger to life was or is inherent in the knife, instead of the hand that guides it, and that its use should be abolished in consequence; at least, until the proof should be clearly established that we have more than its equivalent with which to replace it.

We should rather seek increased skilfulness in its employment, and in my humble opinion, we are bound to render to ether and chloroform the same justice, instead of making them the scapegoats of our own shortcomings. I, for one, am not satisfied that the best skill we are capable of attaining is generally employed to guard against the dangers that might be intelligently foreseen in the administration of these agents, powerful for good or for evil—ether and chloroform.

My own experience leads me to be most guarded against the approach of danger in the three following directions, viz.

1st. *Asphyxia*—from privation of atmospheric air.

2d. *Hyper-Anœsthesia.*

3d. *Nervous shock*—from too forced and sudden administration of anæsthetic influence; or from mental terror, inspired by visible preparations, excitement of sympathizing friends, and forcing the patient to submit without first quieting those fears.

These, I am convinced, are the real sources of danger in the employment of chloroform and ether, and they seem to my mind, if not *absolutely*, at least to a very great extent *avoidable.*

If I were asked how, I would reply that in the avoidance of the first-named of these dangers, which is by no means imaginary, the precaution is very simple and obvious, consisting of the admittance of sufficient atmospheric air to support respiration.

In this connection, I must conscientiously apply the strongest terms of condemnation to the custom, so largely in vogue, of smothering down the subject, as some term it, for here we incur the two principal dangers combined in one. I know of nothing more calculated than such a struggle for respiration, to throw the subject into a panic of mental terror, such as a delicate organization would not be able to survive.

Against the danger arising from too sudden

and from over-etherization, the precautions are, in my view, nearly identical, and first of all, should be to secure the confidence of the patient.

In my own hands, in proportion to the calmness and confidence with which the patient has approached the operation, has been, *cæteris paribus*, the absence or otherwise of unfavorable symptoms.

If it is approached with terror, the patient yields tardily, is not easily subdued to the anæsthetic influence, and when thus subdued, the symptoms of hyper-anæsthesia will often immediately follow, requiring the closest attention to prevent the strong tendency to paralysis of the vital functions.

I employ by preference chloroform, formerly Duncan & Flockhart's; at the present time, I find fully its equivalent in that prepared by Edward R. Squibb, of Brooklyn, L. I.

Having taken the usual precautions in regard to the conditions of the stomach and dress, so as to have no obstructions of the vital machinery, with my finger upon the pulse, and with calm words of assurance, and closely watching the vital movements, I place the anæsthetic just near enough to perceive its effect upon the system, graduating this so as to introduce it very slowly and evenly until the voluntary muscles are relaxed, and the subject in a quiet and perfect anæsthesia.

In this manner, I have no excitement, no struggle, no spasm, no asphyxia, no hyper-anæsthesia, and very little nervous derangement, either present or following.

I in fact find less nervous disturbance with chloroform than with ether, and under the precautions I have indicated, I know of no reason to think it less *safe;* if any one does know of such reason, I would gladly be informed of it. I could cite many cases to prove the important rôle which *fear* and *confidence* enact in this connection, but I presume it to be patent to every intelligent observer, and I desire that my letter shall be acceptably brief.

Erastus Wilson, M. D.
Of 44 Bond street, New York.
Havana, Cuba, April 19th, 1866.

Surgeon-General J. K. Barnes has received letters from the Professor of Surgery in the University of Berlin, from several medical inspectors of the French and English Army, and from many distinguished foreign medical men, speaking in the highest terms of Circular No. 6, Surgeon-General's Office, and also of the importance of the proposed Medical and Surgical History of the War.

Portability of Cholera.

Editor Medical and Surgical Reporter:

The theory of the advocates of the portability and contagion of cholera, as expressed by Drs. Lee, Sayre, and Read, in your journal, is that the disease never originates *de novo* in this country; that it is always brought; and that there must be some connection between every case and some other case of the disease.

This theory, and the opposite, must be tried by facts, and it is important that the facts be kept before the profession. The investigation in New York, in relation to the disease on the *Virginia*, has been continued, and an eminent physician who is engaged in it, and who believes in "*portability*," writes me recently:

"We have as yet been unable to obtain any confirmation of our belief that the disease was brought on board the vessel from Rotterdam."

Dr Dalton, the Sanitary Superintendent of New York, says the passengers were all perfectly well at the date of sailing, and remained so for eight days. So much for that fact.

Another fact. At the time the *Atalanta* arrived in New York, last fall, Dr. Sayre boasted that the quarantine kept the cholera out of the city. Recent developments show that, in November and December, there was an endemic of genuine Asiatic cholera, in one of the hospitals on Ward's Island; there were 31 cases, of whom 27 died.

Dr. Sayre denies that the disease was cholera; but Dr. Ford, Physician-in-Chief of the hospital, who was previously acquainted with the disease, says, positively, that it was Asiatic cholera; and Drs. Willard Parker, James Crane, and John O. Stone, members of the Board of Health of New York, have thoroughly investigated the subject, and close their official report upon it as follows:

"The opinion of your committee is, that the symptoms in the cases reported were characteristic and pathognomonic of epidemic Asiatic cholera."

The profession can judge on which side the weight of evidence rests.

Dr. Ford, in his evidence before the committee, says:

"This fact I particularly noticed; these patients had had no communication with the *Atalanta*, or cholera patients then at quarantine."

Another fact. Two cases of genuine Asiatic cholera have originated in New York city, very recently, in which it is well known there could have been no possible connection with each other, nor with any other cases of the disease.

Let the profession judge in what direction the facts seem to point.

Please inform your correspondent, Dr. William Read, that I am not "shutting my senses to the teachings of the present."

I rejoice that the American Medical Association has honored itself by refusing to pass resolutions approving the doctrine of portability, and in favor of quarantine for cholera.

Edwin M. Snow, M.D.

Providence, R. I., May 7, 1866.

Infanticide—Criminal Abortion.

Editor of Medical and Surgical Reporter:

You deserve the thanks of the members of the profession and the community, for your denunciation of the very prevalent practice of abortion among married women. The criminality, and the terrible results of this practice, ought to be exposed and censured in our religious and secular prints. I have serious doubts whether, in proportion to the population, there is more child-murder in China than in this country. Five or six publishing houses in New York, as well as a number of villanous quacks, publish essays or treatises explaining and advising the process of abortion by one method or another, and most of them keep and sell the medicines or instruments of their nefarious trade. The sale of these books throughout the country is enormous. One of them, I learn from the printer, has been sold to the extent of over 400,000 copies, and most of the others to the amount of 100,000, or over. The greater part of this sale is to married women; and the purchase of a copy of the book is almost invariably followed by an order for the medicines or instruments it recommends. The villanous authors of these books spend from $20,000 to $50,000 a year, in advertising their wares; and respectable secular papers, daily and weekly, and even some religious papers, (unwittingly, it is to be hoped,) insert their advertisements. The mischief thus accomplished is fearfully extensive.

In Massachusetts, the number of births of children of American parents is considerably below the number of deaths in the same class, and eminent practitioners in that State declare, unhesitatingly, that the fact is due to the very general practice of abortion. In this State, (New York,) I am afraid the case is not much better. In a single village of 4000 inhabitants, nearly every married woman had purchased the books and medicines, and the result was not only a terrible "slaughter of the innocents," but frequent sudden deaths, and enfeebled constitutions, extensive uterine diseases, inflammation of the stomach, etc., etc. In Ohio, there is much the same state of things. In the great majority of cases, these women do not fully comprehend the flagitious character of the crime of which they are guilty. Seduced into its commission by the plausible arguments of the book, which coincide with their natural desire to avoid the pains of child-birth and the subsequent care of helpless infants, they slide easily into the commission of the crime, and only realize too late the guilt they have brought upon their souls, as well as the suffering they have inflicted upon their bodies. Often the poisonous drugs they take do not produce their full effect, and the child sees the light of day, but with a constitution ruined by the injuries inflicted on it *in utero*, and drawing its nutriment from a mother whose health has been completely destroyed by her criminal conduct in this regard, the wretched child goes to an early grave.

We denounce and punish with severity, and justly, the male and female abortionists, who, by the exercise of their nefarious trade, murder the unborn infant, and often its unwedded mother; but of how much sorer punishment are these villains worthy, who, by their books, their advertisements, and their noxious drugs, teach women all over the land, how to produce abortion on themselves? Yet who ever heard of one of these scoundrels being brought to justice? B.

Brooklyn, N. Y., May, 1866.

News and Miscellany.

A University in Syria.

The most important educational enterprise in Syria, writes a correspondent of the *Tribune*, is just now being established in Beyrout. As it does not come within the scope of a missionary society to found colleges, the American missionaries, feeling the absolute necessity for such an institution in Syria, set apart one of their number, the Rev. Dr. Bliss, to raise the necessary funds, and take charge of the institution. It is a striking evidence of the life and vitality of our country, that he succeeded in raising a permanent fund of $100,000 for this purpose in America, in the midst of the war, which has been increased by $20,000 raised in England. The institution is incorporated in the State of New York, and the trustees are among the wealthiest merchants of New York city. A movement has been inaugurated by wealthy gentlemen in England to endow several professorships in this institution, on condition that one-half the necessary endowment of each professorship be raised in America.

The plan of the college makes it really a University, and I believe that this very grandeur of the plan will insure its success. There is a preparatory department already in most successful operation, with 150 students, under the direction

of Mr. Butrus Bistany, formerly United States Vice-Consul, and one of the most talented and best educated natives in Syria. It is hoped that the college and the medical department may be opened during the coming autumn. The college will undoubtedly find plenty of students from the preparatory department and the native schools, while the medical department is certain to be the most popular, as it must be the most immediately useful branch of the institution.

The language of the college is to be the Arabic, and it will thus be at once open to the whole population of Syria and Egypt. Indeed, it is estimated that there are 150,000,000 of the human race who speak Arabic, and this will be the only institution of the kind open to those speaking this language.

Ohio State Medical Society.

This Society meets at the Ohio White Sulphur Springs, on the *third Tuesday in June proximo.* Arrangements have been made to afford members the most ample and agreeable accommodations.

The following committees are expected to report:

Applications of the Microscope—D. W. Kinsman.
Military Surgery—Drs. Barr, McDermott, and Gay.
Therapeutics of Zymotic Diseases—E. B. Stevens.
Obstetrics—Thad. A. Reamy.
Special Uterine Diseases—W. C. Hall.
Diseases of the Eye—E. Williams.
Surgery—N. Dalton.
Necrology—W. P. Kincaid.
System of Public School Instruction—W. B. Davis, chairman.

New York Dispensaries.

A large meeting of the trustees and other officers of Dispensaries took place at the rooms of the Citizens' Association, No 813 Broadway, for the purpose of conferring with the Board of Health with regard to a plan of coöperation for the prevention of cholera in the city. Gen. Mather was elected Chairman and Dr. Morgan Secretary. Dr. Stephen Smith then submitted the following plan of organization of a system of medical relief during the prevalence of epidemic cholera:

1. The Dispensaries in the Metropolitan Sanitary District shall be known and recognized as "District Centres" of Medical Relief."

2. Each Dispensary District shall be subdivided under the direction of the Medical Director, into as many Sub-Districts as in his discretion will be required to give effectiveness to the measures of relief adopted by the Board of Health.

3. There shall be appointed by the Board of Health, with the advice and consent of the Trustees of the several Dispensaries, the following officers to each Dispensary, viz.: 1. A District Director of Out-door Relief. 2. A District Physician to each of the Sub-Districts of the Dispensary—created for the purpose of administering relief during the epidemic.

4. The Medical Officer of the Dispensaries appointed for this special service shall be under the executive direction of the Board of Health only, when carrying out the measures of medical relief adopted by said Board.

A committee was appointed to meet the Committee of the Board of Health, with power to act.

Amputation at the Hip-joint.

It is a curious fact, says the *Dublin Med. Press and Circular*, that at the same time there were in London hospitals three cases in which amputation at the hip-joint was successfully performed; one of these was under the care of Mr. Erichsen; the other two have occurred in St. George's, one in the practice of Mr. Holmes, the other in the practice of Mr. Lee, for the removal of a fibroid recurring growth, and for old disease of the hip.

Medical Opinion by Telegram.

The following opinion of Mr. Solly was sent to Rome, by telegram, by one of the late Mr. Gibson's friends. It is a curious sign of the times in two ways: first, in the mere fact of such a means of transmission of medical advice; and secondly, in the extraordinary dread of bleeding a patient which exists out of, as well as in the profession, at this present time. The message was: "Mr. Solly thinks no bloodletting required, unless the head be hot and painful. Quiet and nourishment are indicated."

Brahee Sugar.

A correspondent of the London *Lancet*, gave a most wonderful account of an article having the above name, as a specific for rheumatism. In two or three days, as it was alleged, it effectually dispelled all pains and dispersed swellings. The question is asked, what is Brahee Sugar? At present this is a secret. The editor of the *London Pharmaceutical Jonrnal* says that he has seen the powders in packets, as a patent medicine and that they have the appearance and taste of sugar of milk.

The person who introduced it, declines at present to make known its origin or composition, but he says he has made arrangements with a wholesale house for its sale. It is probably some known rheumatic remedy that has but little taste mixed with sugar of milk.—*Druggists' Circular.*

Stomatoscope.

Among other novelties noticed in the *Med. Times and Gaz.*, is "a new instrument, to be termed the *stomatoscope*, exhibited last week to the Paris Surgical Society by its inventor, Professor Burns, of Breslau. A platinum spiral wire (inclosed in a box-wood cup, to prevent the transmission of heat), brought to a red heat by the passage of an electric current from two of Middledorps' elements, is placed in the mouth behind the teeth. The light reflected by a very small mirror is sufficiently intense to render the jaw transparent, so as to allow of the vessels

proceeding to the roots of the teeth, the smallest specks of caries, etc, becoming visible. By reason of the transparency, even the labial coronary artery may in some subjects be seen at the level of the commissure, and its course followed. The instrument is therefore likely to form a useful means of exploration in dental affections."

Indian Surgery.

Dr. Darat, of Santa Anna, Central America, writes to the *Lancet:*—I will mention a curious case of native surgery I witnessed a short time ago. The patient had received a severe stab in the abdomen, from which protruded about half a yard of intestine and a portion of omentum, the former having a longitudinal slit about 3 inches long. On my arrival I found an Indian *medico* had sewed up the wounded gut, with *the nippers of a large ant.* The insect, which is very savage, was taken by the body and its head presented to the united lips of the wound, which it bit and held fast. The operator then by a pinch of the fingers killed the ant, (nipping off its body) leaving its head fixed to the gut. Another and another thus applied to the number of a dozen or fifteen, effected this singular suture. The gut was then replaced, and no inflammation ensuing, the man recovered speedily. This curious practice is said to be usual in this part of Central America."

Iridoscope.

A new instrument produced by M. Houdin, by the aid of which an individual is able to see all that is going on in his own eye. It is simply an opaque shell to cover the eye, pierced in the centre with a very small hole. On looking through steadfastly at the sky, or at any duffused light, the observer may watch the tears streaming over the globe, and note the dilatation and contraction of the iris, and even see the aqueous humor poured in when the eye is fatigued by a long observation. It is needless to say that with the aid of this instrument a man can easily find out for himself whether he has a cataract or not. If he has, he will only see a sort of veil covering the luminous disc, which is seen by a healthy eye. The instrument is certainly simple and curious, and will no doubt excite attention in those who are anxious to know more of themselves. An "iridoscope" may be readily extemporized by making a hole with a fine needle in the bottom of a pill-box.

Mortality of First Labors.

Dr. Duncan, in the Edinburgh "*Medical Journal,*" declares on the authority of statistics, that the mortality of first labors, and of puerperal fever following first labors, is about twice the mortality attending all subsequent labors collectively; and that after the ninth labor the mortality increases with the number.

——The Nova Scotia Legislature has voted $2000 to the widow of Dr. Slayter, who died by cholera while employed in attending on the England's passengers at Halifax. It is also proposed to erect a monument to his memory.

——Medical purveyors and other medical officers will in future be required to forward to Surgeon-General's Office, immediately after each transfer, a certified invoice of medical and hospital property turned over to officers of the Bureau of Refugees, Freedmen and Abandoned Lands.

——The number of medical matriculants in the University of Michigan during the last session was 467—number of graduates 69—a less proportion of graduates to matriculants than in any institution in this country we know of, and which speaks exceedingly *well* for the status of the school.

——The Rinderpest. According to the latest news from England there seems to be reason to believe that a solid, a tangible decline has occurred in the rinderpest. There has been a large decline in the number of new cases and the per centage of recoveries has arisen from 5.235 per cent in November to 13.949 per cent in March.

—— The Antiseptic Properties of Benzine have recently again been the subject of experiments, and Dr. B. Naunyn has proved that in fermenting mixtures, the presence of benzine prevents or interrupts completely the process of fermentation.

—— Aniline. It requires as many as 2,000 tons of coal to produce a small circular block of aniline 20 inches high by nine inches wide. This quantity is sufficient to dye 300 miles of silk fabric.

——The General Government intends to build a large and commodious naval hospital on the grounds occupied by the naval Asylum, Philadelphia. The building is to be 309 feet long by 63 feet in depth in centre, and 27 feet in depth on the wings. The structure is to be of Connecticut brown-stone, hammered stone from the Delaware County quarries, and pressed brick. Proposals for the building are now being advertised.

MARRIED.

Acker—Mason.—May 10, at the residence of the bride's parents, at Sing Sing, N. Y., by Rev. Francis Donnelly, Thomas J. Acker, M. D., of Tine's Bridge, Westchester county, N. Y., and Miss Frederica Mason.

Beaman—Goldsmith.—At St. Paul's Church, Louisville, Ky., May 2, by Rev. Francis M. Whittle, Assistant Paymaster Geo. W. Beaman, U. S. Navy, and Betty S., daughter of Dr. M. Goldsmith, of Louisville.

Foster—Cross.—Feb. 27th, by Rev. A. H. Domer, at the residence of the bride's father, J. M. Foster, M. D., and Miss Louisa Cross, both of Clintonville, Pa.

French—Perkins.—In Moulton, Me., April 29, E. D. French, M. D., and Miss Julia Perkins, both of Moulton.

Lumbard—Abbott.—In Chicago, on the 3d inst., by the Rev. W. H. Ryder, D. D., Dr. H. N. Lumbard and Miss Rhoda E. Abbott, both of Barrington, Ill.

Miles—Dyer.—In Roxbury, Mass., May 3, at the residence of the bride's father, F. M. Dyer, Esq., by Rev. S. Tupper, asssisted by Rev. G. Whitaker, C. Edwin Miles, M. D., and Miss Eunice Pierce Dyer, both of Roxbury.

O'Farrell—Broffy.—April 30th, 1866, at St. Anne's Church, by the Rev. Thomas Kiernan, Gerald D. O'Farrell, M. D., and Eliza M. Broffy, both of this city.

Smith—Ward.—At the residence of Mr. William O'H. Scully, Shady Side, Pa., April 26th, 1866, by the Rev. Herrick Johnston, Norman N. Smith, late Captain in Fifteenth Cavalry, and Sallie J., youngest daughter of Dr. W. Ward, deceased.

Thayer—Houghton.—In Boston, by Rev. O. T. Walker, Mr. J. H. J. Thayer and Miss Mary A., only daughter of L. W. Houghton, M. D., all of Portland.

Tindall—Godshall.—On the 1st inst., by the Rev. Franklin Moore, Van R. Tindall, M. D., and Miss Lavinia Godshall, both of this city.

DIED.

Cassell.—In this city, on the 5th inst., Francis Henry, son of Dr. J. K. and Kate A. Cassel, aged 2 years, 6 months, and 8 days.

Eaton.—At his residence, at North Bend, Ohio, May 1, 1866, Dr. Geo. C. Eaton, in the 46th year of his age.

Ewing.—At Greenwich, N. J., April 23d, Dr. William Belford Ewing, in the 90th year of his age.

Fisk.—Suddenly, on the 2d inst., at Peoria, Illinois, Dr. Charles E. Fisk, Jr., in the 39th year of his age.

Fiske.—At Hingham, Mass., on the 8th inst., Dr. Robert T. P. Fiske, aged 66 years.

McNeill.—In this city, on the 7th inst., Mrs. Mary McNeill, wife of the late Dr. McNeill.

Tutt.—In this city, on the 11th inst., Charles Pendleton Tutt, M. D., in the 35th year of his age.

Dr. Tutt was a native of Virginia. After graduating at the University of Pennsylvania, he settled in this city, where he has been in the successful practice of his profession for about ten years. He married a daughter of J. F. Leaming, Esq., of this city. For several years past he has been one of the Consulting Physicians and Librarian of the Philadelphia Hospital. He was also engaged in private medical instruction, and at the time of his decease had a large class of students.

OBITUARY.

Dr. William Belford Ewing.

Dr. Ewing graduated at the College of Princeton in 1794, and was probably the oldest of the Alumni of that year. He studied medicine at Trenton, N. J., under the direction of Dr. Nicholas Bellville, one of the most distinguished physicians of the State and commenced the practice of his profession in the Island of St. Croix, in which place he continued two years. He then settled in Greenwich, N. J., the place of his nativity, where he continued actively engaged as a physician for twenty-eight years, when he retired from its duties. He was President of the Medical Society of New Jersey in 1823, and at the time of his death probably the oldest of the Fellows of that venerable Society. He was for many years Presiding Judge of the County Courts, ten years a member of the State Legislature, and a member of the Convention which framed the Constitution of New Jersey in 1841. To these duties and honors of the citizen were added the crowning glory of being a disciple of Christ, and testifying the sincerity of his faith in his serene and peaceful death.

He died at Greenwich, on the 23d of April, 1866, at the advanced age of 90 years.

ANSWERS TO CORRESPONDENTS.

Dr. W. T. G., Lexington, Miss.—Gross's Abscess Lancet, sent by mail, 9th inst.

Dr. H. H. R., Tyrone City, Pa.—Burrall on Cholera, sent by mail, 8th inst.

Dr. W. W. B., Polo, Ill.—Gross's Surgery, Gray's and Agnew's Anatomy, Flint's Practice, Neill and Smith's Compend, Bennett on Uterus, Roberts on Urinary and Renal Diseases, Smith on Leucorrhœa, sent by Express, 8th inst.

Dr. E. T. B., Stephensburg, N. J.—Kousso, sent by mail, 10th inst.

Dr. J. W. B., Tremont, Pa.—Needles sent by mail, 29th ult.

Dr. L. D. W., Messengerville, N. Y.—Churchill on Women, sent by mail, 8th inst.

Dr. C. H. E., Cairo, Ill.—Flint's Practice, sent by Express, 23d ult.

Dr. O. H. P., Milford, Ga.—Wilson on Skin and Hair, and Pereira's Prescription Book, sent by mail, 23d ult.

METEOROLOGY.

April,	30,	M. 1,	2,	3,	4,	5,	6.
Wind	W.	E.	W.	N. W.	W.	N. W.	W.
Weather	Clear.	Cl'dy. Shw'r. T. & L.	Clear	Clear.	Clear.	Clear.	Clear.
Depth Rain		9-10					
Thermometer.							
Minimum	39°	43°	45°	35°	37°	42°	45°
At 8 A. M.	51	50	48	45	52	57	58
At 12 M.	58	55	55	51	60	64	65
At 3 P. M.	61	50	59	55	53	63	68
Mean	52.25	49.50	51.75	45.50	50.50	56.50	59.
Barometer.							
At 12 M.	30.	29.8	29.9	30.	29.8	29.8	30.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 482.] PHILADELPHIA, MAY 26, 1866. [Vol. XIV.—No. 21.

Original Department.

Communications.

THE MALIGNANT INFLUENCES OF THE UTERUS.

Illustrated by Two Cases.

By John H. Griscom, M. D.,

Physician of the New York Hospital.

The above nosological designation may appear strange to most professional men, who will look in vain for its definition in the medical dictionary, but a description of the cases is relied upon to justify its use. The extensive and potent sympathetic relations of the healthy uterus, and the disturbances of other organs produced by its various pathological conditions, are well known. By the cases now to be described, the powerful influences derived from its simple *mechanical* derangements and displacements, and their complete obviation by the restoration of the organ to its normal status, are clearly demonstrated.

Case 1*st.* In the spring of 1861, I was called to see a lady, about 30 years of age, several years married, and the mother of a child, 9 years old, but had not been pregnant since its birth. She had been a long time in delicate health, and was now troubled with a cough, which she regarded as consumptive. I found her in bed, much prostrated in strength, with considerable nervous excitability, and assured, in her own mind, that she was in a critical condition. My attention being directed, by her fear of phthisis, to her chest, a thorough auscultation failed to discover any evidence whatever of pulmonary disease, nor did the pulse indicate any tendency of the kind. Upon careful general examination, no symptoms of constitutional disorder of any kind could be discovered, except what pertained to the nervous system, nor was there any cause for this discernible upon general observation. In the absence of any apparent cause for the debility, cough, and other symptoms of deranged health, the thought occurred to me, that possibly there might be some derangement of the sexual organs, from sympathy with which other functions were disturbed.

After considerable hesitation on her part, derived from the absence of all feeling of local disturbance in that quarter, and disbelief in the possibility of its existence, she was prevailed upon to submit to a digito-vaginal examination. This immediately revealed a complete *retroflection* of the uterus, the fundus being drawn nearly on a level with the os, and pressing back upon the rectum, while the neck was thrust forward toward the pubis. Although indisposed to regard this displacement as the only source of the long-contiunued disturbance of health, especially of the cough and general prostration, the restoration of the organ to its natural position was a necessity, and was soon effected by the introduction of Simpson's sound, aided by pressure upward of the fundus by the finger in the vagina. This being done, a horse-shoe pessary was introduced in such a manner that one end occupied the space behind the cervix, the other end resting upon the lower and anterior portion of the vagina, near the pubis, thus aiding to keep the organ in its normal position, the confirmation of its restoration being dependent upon time and the avoidance of any jarring motion of the body.

That this simple physical derangement of the uterus was the cause of all the distressing symptoms, including the cough, which was without expectoration, was made manifest by their entire disappearance from almost the very day when the organ was relieved from its mal position, and that it was the cause of her sterility for so long a time, although the menstrual molimen had been unchecked, was proved by her giving birth to a robust infant within a year from the date of the womb's restoration.

Case 2*d* is an equally striking illustration of the profound and complex sympathetic influences of the uterus, though exerted upon an entirely different class of functions. A lady, of 22 years, a bride of about four months, who had very recently arrived from her paternal home in Ireland, sought my advice, in November last, for a most distressing attack of dyspepsia. The history of the case revealed the fact, that before

the age of 17, she had enjoyed robust health, and at that age her menses commenced, and continued regularly for about a year; since which time she has been subject to very irregular and painful menstruation, the function being frequently suspended for from two to four months at a time. For two or three years past, other distressing disorders have also appeared, viz., dyspepsia, constipation, nausea, and vomiting, which occur at frequent intervals, and continuing several weeks at a time. The most eminent practitioners of her native country have been consulted for her relief, but, as I was informed, without any beneficial result.

Regarding the case as one of general derangement of the chylopoietic viscera, with special functional disturbances, every remedy indicated by its symptoms was given a fair trial, but the dyspeptic suffering continued unabated. Its protracted severity became so great as at length to lead to the suspicion of subacute gastritis, the evidence of which diagnosis became sufficiently strong to justify counter-irritation, first by Croton oil, and this failing to mitigate it, then by cantharideal vesication over the epigastrium. No relief followed either of these applications.

Finally, on taking into consideration the coincidence of the amenorrhœa and the constipation, with the dyspepsia, the absence of any distinct cause of either, and the total failure of all the means which, in my experience, had hitherto proved successful in cases apparently similar, the suspicion arose that the uterus itself might be the source of all the trouble. Accordingly, an examination per vaginam was made, and as in the former case, a complete retroflection was ascertained to exist. In a few minutes, it was by the same means restored to its normal state and so maintained, the recumbent position of body being enjoined for at least a week, in order to avoid all danger of a return of the flexion.

In this, as in the former case, the good result was equally prompt and perfect. Every evidence of gastric derangement immediately disappeared, together with the constipation, and though more than four months have now elapsed since the operation, not one of the symptoms which had rendered the past four years of the patient's life a period of severe and almost continuous suffering, has returned. Daily defecations, punctual and painless menstruation, and a good appetite, without the slightest gastric disturbance, combine to demonstrate how dependent upon each other, for their healthy condition, are the various parts of the animal structure, and how closely they are correlated by that mysterious influence which has its centre and origin in the brain and spinal cord, and pervades every fibre of the body.

As to the cause of these organic derangements of the uterus, whereby its nervous connections and associations undergo so great disturbance and produce these varied sympathetic phenomena;—in the first of these two cases, it was impossible to trace the difficulty to any demonstrable circumstance. It probably occurred soon after parturition several years before, and was due to the non-restoration of the muscular and ligamentous tissues of the organ to their natural contractile tone, whereby it was unable to resist the pressure of the superincumbent abdominal viscera, its own weight serving to continue the flexion, self-rectification being impossible.

In the second case, the cause of the difficulty was more directly traceable to an unusual and severe exertion of the body. About the age of eighteen, the patient was attacked by a horned brute, to escape from which she was compelled to leap a fence. Although no apparent injury resulted therefrom at the time, the irregular menstruation soon after commenced, and was speedily followed by the symptoms of dyspepsia, constipation, and nausea, which occurred at frequent intervals until she came under my care. She was otherwise in good health, and in the frequent practice of horse-back riding, which, though a very agreeable excercise, doubtless helped to maintain the uterus in its deranged attitude.

Luxation of Neck Reduced.

In the Paris *Gazette Hebdomadaire de Médecine*, is described a case of lateral luxation of the fifth cervical vertebra on the sixth, reduced successfully thirty-six hours after the injury. The patient was a woman who fell on her head. The upper extremities were paralyzed and the head fixed to one side, whilst the lower limbs were not affected. The surgeon, Dr. Leon Parisot, of Nantes, seated her on the floor, and whilst the body and shoulders were firmly held by assistants, took his station behind her, placed his hands beneath the jaws, with his thumbs pressing on the mastoid processes, extended the neck gently, and then by a sudden movement replaced the bones, which resumed their position with an audible snap. The paralysis passed off gradually, and the patient was well on the seventeenth day.

Chlorine in Stinking Breath. Dr. Clemens states that during the last thirty years he has constantly found the administration of numerous small doses of weak chlorine water a certain remedy for this distressing inconvenience.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SEVENTEENTH ANNUAL SESSION.

(Continued from page 389.)

SECOND DAY—*Wednesday, May* 2, 1866.

The Association was called to order at 9 A. M., the President in the chair.

Dr. Davis, Illinois, stated that he had received a report on Meteorology, etc., from Dr. R. C. Hamill, Illinois, and had presented it to the section on Meteorology, Epidemics, etc.

Dr. Cox, chairman of Committee of Arrangements, reported that the Pennsylvania Central, the Northern Central, and the Baltimore and Ohio Railroads, had agreed to pass delegates home free, on the certificate of the Permanent Secretary, and that the Philadelphia, Wilmington, and Baltimore Railroad had issued passes, to be signed by the same officer, at a reduced fare.

He also presented as members by invitation, Drs. John A. Reed, W. Whitridge, and L. M. Eastman, of Baltimore, and Peter Parker, of China, who were unanimously elected.

On motion of Dr. Davis, the order of business was suspended, to allow of the report of the Committee of Publication.

The report was read, accounting for the delay in the publication, and showing how many copies of the Transactions had been sold.

After some discussion, it was, on motion,

Resolved, That the Committee of Publication be required to adhere strictly to the laws for their government, in order to avoid delay in future.

Dr. C. Wister, Treasurer, read his report, showing the balance due the printer as $404 52; that the members did not come forward and pay their assessments, and but half of those present at last session had paid the additional $2 called for.

The report was accepted and referred to the Committee of Publication.

The order of business was then resumed, and on motion of Dr. Davis, a recess of fifteen minutes was taken, to enable the delegates from the various States to appoint their members of the Committee on Nominations.

At the expiration of the recess, the Secretary read the following names as constituting the Committee:

Maine, J. C. Weston; New Hampshire, Josiah C. Eastman; Vermont, W. McCollom; Massachusetts, J. R. Bronson; Rhode Island, D. King; Connecticut, W. Woodruff; New York, Jos. C. Hutchinson; New Jersey, W. Pierson, Jr.; Pennsylvania, John L. Atlee; Delaware, H. F. Askew; Maryland, James J. Corkrill; District of Columbia, Grafton Tyler; Ohio, G. Fries; Michigan, C. M. Stockwell; Wisconsin, H. Van Deusen; Illinois, N. S. Davis; Indiana, W. Lockhart; Iowa, J. M. Witherwax; Tennessee, T. A. Atchinson; Georgia, W. M. Chartres; Missouri, M. A. Pallen; Alabama, N. Bozeman; United States Army, Josiah Simpson; United States Navy, N. Pinckney.

Dr. W. Hooker, of Connecticut, presented the following resolution, which was unanimously adopted:

Resolved, That no report or other paper shall be presented to this Association, unless it be so prepared that it can be put at once into the hands of the Permanent Secretary, to be transmitted to the Committee of Publication.

On motion of C. Wister, Pennsylvania, it was

Resolved, That Drs. Grafton Tyler, W. P. Johnson, and J. M. Toner, be a committee to procure a room in the Smithsonian Institution for the preservation of the archives of the Association.

The Committee on Medical Education having no report to offer, Dr. J. F. Hibberd, Indiana, offered a preamble and resolutions, that, as certain of the medical colleges of the West had held a convention and agreed to extend the lecture term to six months, provided that the other colleges of the United States did the same, therefore this Association adopt this as their sentiment, and urge the others to join in this movement.

On motion of Dr. M. K. Taylor, Iowa, it was deferred, to be considered in Committee of the Whole, at 11 A. M., on Thursday.

Dr. C. A. Lee, New York, chairman of Committee on Medical Literature, commenced to read his report, and gave way, at 11 A. M., for the lecture of Dr. Brown-Séquard, on the *Treatment of Functional and Organic Diseases of the Nerves.*

After the conclusion of the lecture, on motion of Dr. Raphael, New York, the thanks of the Association were tendered to to Dr. Brown Séquard, for his interesting, able, and eminently practical lecture, and he was requested to furnish an abstract for publication.

Dr. Lee then resumed the reading of his report, when, on motion of Dr. Toner, the further reading was dispensed with, and the paper referred to the Committee of Publication.

Dr. S. D. Gross, Pennsylvania, chairman of the Committee on Medical Education, announced that no report had been prepared, and asked that the committee be discharged, which request was granted.

Dr. Ellsworth Eliot, New York, Secretary of the Committee on Prize Essays, presented the report of that committee:

That the first prize of one hundred dollars had been awarded to Dr. W. F. THOMS, New York, for a paper on *Health in Country and Cities*, illustrated by tables of the death-rates, sickness-rates, etc., in countries and cities.

The second to Dr. S. R. PERCY, New York, for a paper on *Digitaline, its Chemical, Physiological, and Therapeutical Action.*

Another paper of undoubted value had been received by the committee, on *Angular Curvature of the Spine*, but the author, through inadvertence, had given his name to the chairman of the committee, thus depriving him of the right to compete for a prize. The committee, therefore, resolved to present this paper to the Association, for reference to the section on Surgery, that its claims to publication might be considered.

The committee also suggested an earlier organization of the Committee on Prize Essays in future, and the issuing of a circular inviting competition, with the hope of thus securing a larger number of papers.

On motion, the report was received and adopted, and the paper on *Angular Curvature of the Spine* was referred to the section on Surgery.

The report of the Committee on Medical Ethics having been offered, it was made the special business at 9½ A. M., on Thursday.

Dr. Marsden, of Canada, having been announced as desirous of making some remarks on cholera, it was, on motion, agreed that he should follow immediately after the report on Medical Ethics.

Communications were offered by Dr. Cohen, Pennsylvania, on *Paralysis of the Vocal Chords, etc.*, which was referred to the section on Surgery; by H. R. Storer, Massachusetts, on *Clamp Shields*, an instrument designed to lessen the dangers of extirpation of the uterus by the abdominal section, which was similarly referred.

Dr. N. Bozeman, Alabama, was introduced to the Association, and on motion, was made a member of the Committee on Nominations from Alabama.

Dr. H. F. Askew, Delaware, offered the following, which was unanimously adopted:

Whereas, We have heard, with profound regret, of the death of our deservedly esteemed friend and associate, James Couper, M. D., of Delaware, late Vice-President and one of the founders of the American Medical Association; *and whereas*, we desire to express our high appreciation of his worth as a man, and valuable and untiring energy in the cause of medical science; mild, modest, and unassuming, of devoted piety, he was firm, constant, and reliable; a strict adherent to the ethics of his profession, he occupied a front rank, and died beloved, respected, and lamented by all who knew him.

Resolved, That in the death of Dr. Couper we have lost a friend and brother, and that we sincerely and deeply condole with his sorrow-stricken widow and family, and that the Secretary be authorized to forward a certified copy of these resolutions to his family.

Dr. Toner, District of Columbia, offered the following, which was referred to the Committee of Publication.

Resolved, That, instead of yearly reprinting the list of members of the American Medical Association with the Transactions of the same, the Secretary be instructed to prepare and have printed, in pamphlet form, a triennial alphabetical catalogue, containing the constitution of the Association, and a list of members, with their full names, designating their residence, the year of their admission, arrearages of yearly dues, the offices they may have held in this body, and in case of death or resignation, the year, and distribute the same among the contributing members.

Dr. J. C. Hughes, Iowa, presented a paper on *Lithotomy*, which was referred to section on Surgery.

Dr. M. K. Taylor, Iowa, offered a resolution for the appointment by the President of a member from each State, to memorialize Congress for an appropriation to publish the medical and surgical history of the war, as desired by the Surgeon-General of the United States, which was unanimously adopted, and the President requested to announce the committee at the opening of the session on Thursday.

On motion, adjourned until Thursday, 9 A. M.

Third Day.—*Thursday, May 3d.*

The Association was called to order at 9, A. M, by the President.

The following were announced as constituting the Committee on Memorial to Congress, etc.:

N. S. Davis, Illinois; N. P. Monroe, Maine; J. C. Eastman, New Hampshire; H. B. Holton, Vermont; J. P. Ordway, Massachusetts; Worthington Hooker, Connecticut; Theoph. C. Dunn, Rhode Island; James Anderson, New York; Ezra M. Hunt, New Jersey; Wilson Jewell, Pennsylvania; Henry F. Askew, Delaware; C. C. Cox, Maryland; J. M. Toner, District of Columbia; Wm. M. Charires, Georgia; Wm. K. Bowling, Tennessee; S. O. Almy, Ohio; J. F. Hibberd, Indiana; Montrose A. Pallen, Missouri; Cyrus M. Stockwell, Michigan; M. K. Taylor, Iowa; Harmon Van Dusen, Wisconsin; A. B. Cabanis, Mississippi; Josiah Simpson, U. S. A., Ninian Pinkney, U. S. N.

Dr. Cox, Chairman of Committee on Necrology, reported progress, and on motion of Dr. Hibberd, was granted permission to send his report when completed to the Committee of Publication.

Dr. A. C. Post, New York, offered the following resolution, which was unanimously adopted:

Resolved, That the Association has heard with sincere regret of the death of its late distinguished member, Joseph M. Smith, M. D., of New York.

Resolved, That we cherish his memory as that of a learned and skilful cultivator of medical science, an able and successful teacher and writer, an upright and honorable man, and a patriotic and public spirited citizen.

Resolved, That the Secretary communicate to the family of deceased an expression of our sympathy with them in their bereavement.

The Permanent Secretary read the following communication from Dr. James S. King, Natchez, Mississippi:

Office, Surgeon-in-Charge, Mississippi State Hospital,
Natchez, Mississippi, April 14th, 1866.

I propose, with the assistance of the medical profession, to collect the mortuary statistics of all the principal cities and towns throughout the United States, together with such topographical and meteorological accounts as may be of interest to the medical profession.

I respectfully request the members of the American Medical Association to forward me the mortuary reports of their several cities and towns.

As far as possible I wish the reports to include the sixteen years from 1850 to 1865 inclusive, but where the records for that number of years are not complete, forward me the statistics for such time as reliable data can be obtained.

Respectfully submitted,
J. Stebbins King, M. D.

The Permanent Secretary read a communication from the Dubuque (Iowa) Medical Society, requesting that the name of Dr. Asa Horr be stricken from the roll, which, on motion of Dr. Jewell, Pennsylvania, was granted.

Dr. Holton, Vermont, announced that Dr. H. R. Storer, of Massachusetts, to whom had been awarded the prize for an essay last year, had presented the same to the Association.

Dr. Mayburry, Pennsylvania, in behalf of the Committee of Publication, to whom had been referred the resolution of Dr. Toner, reported the following as a substitute, which was unanimously adopted:

Resolved, That instead of yearly reprinting the lists of members of the American Medical Association, the Committee of Publication be instructed to prepare and print in the Transactions, an alphabetical catalogue triennially, containing a complete list of the permanent members, with their names in full, designating their residences, the year of their admission, the offices they may have held in the Association, and in case of death or resignation, the date thereof.

Dr. Mayburry also presented a communication from the Montgomery county (Pennsylvania) Medical Society, which was referred to the Committee on Medical Ethics.

Whereas, Medical organizations, such as National, State and County Societies, are believed to be absolutely necessary to preserve the honor of the medical profession, and to keep alive social and fraternal feelings among the members thereof, as well as an important means of promoting medical knowledge, and elevating the character of the profession; therefore,

Resolved, That it is with sincere regret that we, the members of the Montgomery County Medical Society of Pennsylvania, learn, that some honorable members of the faculties of our Medical Colleges, in Philadelphia and elsewhere, have kept aloof from the County Societies, on which rest both State and National organizations, thus ranging themselves on the side of those whose unprofessional conduct, or low standard of medical attainment, or disregard of medical etiquette, prohibits them from membership in those Societies.

Resolved, That as graduates of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College, we have a high regard for the teachers of these institutions, and feel that they owe it to the Profession, and to our almæ matres, to give their hearty support to medical organizations in general, and especially to the County and State Medical Societies.

Resolved, That although Colleges are entitled to representation in the American Medical Association, by one, or more, of their professors, we are decidedly opposed to any college, or any other medical organization, being represented by a Professor who is not a member of a County Society.

Resolved, That the Corresponding Secretary of this Society be instructed to report these proceedings to the Philadelphia County Medical Society, and that our delegates be charged to lay them before the American Medical Association at the coming meeting to be held at Baltimore, on the 1st day of May next, as well as before the Medical Society of the State of Pennsylvania, at its next meeting to be held at Kingston, in Luzerne county, on the 13th day of June ensuing.

William P. Robinson, *President.*
E. Smyser, M. D., *Recording Secretary.*
Montgomery County Medical Society,
State of Pennsylvania.

Minority and majority reports of the Committee on Medical Ethics on the subject of Specialties were presented, and much discussion had, during which the hour of 11 arrived, and the matter was postponed in order to allow of the special business, the remarks of Dr. Marsden, of Canada, on Cholera.

Dr. Marsden then gave at great length his views and plans for Quarantine as a preventative of Cholera.

He stated his belief in the communicability of cholera, and the necessity of the most rigid quarantine. He had witnessed the first case that ever occurred on the American Continent, and since that time had given much attention to the study of the disease. He was now firmly convinced that every case of cholera could be traced to infection, and that the proper soil for the propagation of the disease was to be found in filth, and the neglect of sanitary measures. He believed that all clothing of patients suffering from the disease should be destroyed, thus preventing the spread of the disease. He believed that isolation would prevent the appearance of the disease in any community, and related an instance in point which had made such a strong impression upon him that he was caused to think first of his plan of quarantine. It seems that a schoolmistress in a locality where cholera threatened to make its appearance, consulted the Doctor on the best course to pursue. He suggested that as soon as the disease should appear in the city she should isolate the school from the rest of the town by closing the gates and doors. This was done, and not a single case of cholera occurred within the walls. He next gave the members a detailed account of his system of quarantine:

1. The Cholera Quarantine Station shall be divided into three separate and distinct sections or departments.

2. Each of these sections or departments shall be isolated and separated from one another, by a *cordon* or portion of neutral ground, of not less than one hundred feet wide.

a. One of these sections or departments shall be appropriated to the use of the sick, and shall be the Hospital Department.

b. The next, or central section or department, shall be devoted to the use of passengers not having had cholera, but from infected vessels.

c. And the third, or healthy section or department, shall be appropriated to the use of the healthy, who have been removed from the central department, after having performed quarantine there.

A. In the first section or department, there shall be three separate and distinct hospitals, besides a convalescent shed or hospital.

a. The one for confirmed cases of cholera to be called the Cholera Hospital.

b. Another for cases of choleraic diarrhœa, or other premonitory symptoms of cholera, to be called the Hospital for Cholerine.

c. The third, for all other diseases, not cholera, or cholerine, but coming from on board infected vessels, or vessels having had cases of cholera on board, to be called the General Hospital

B. The next, or central section or department, shall be the primary quarantine department, and shall be appropriated to all persons who are not sick, but come from vessels having had cholera on board, and wherein every case on landing shall undergo inspection, washing, cleansing and purifying both of persons and personal effects. There a quarantine of four days shall be performed, at the end of which period of time all such persons as continue in sound health, shall be removed to the Final Quarantine Department, and any that may fall sick, or be threatened with sickness during the four days of probation, shall, as soon as detected, be removed to the proper hospital, in the Hospital Department. There also, the healthy inmates shall be removed daily to a new locality, thus occupying four different habitations during their sojourn.

C. The third, or healthy department, shall be the Final Department, and shall be for all cases coming from the Primary Quarantine Department, after having been cleansed, washed and disinfected, and after having undergone the *four days* quarantine; and here a further quarantine of *six days* shall be performed (excepting cases coming from the convalescent hospital or shed, hereinafter provided for), making in all *ten days* of quarantine, when all persons continuing healthy shall be discharged from quarantine, and be removed from the station. If any premonitory symptoms or other cases of sickness occur in this department, during the six days of quarantine, they shall, as soon as discovered, be removed to the proper hospital, in the Hospital Department.

No communication shall take place with the Hospital Department, except through the central or Primary Quarantine Department, for which purpose a passage, unfrequented by the persons undergoing quarantine, shall be set apart and reserved.

On motion of Dr. Lee, New York, the thanks of the Association were tendered Dr. Marsden, for his interesting and practical remarks.

On motion of Dr. Davis, Illinois, the order of business was suspended to hear the report of the Committee of Nominations.

The Committee of Nominations reported as follows:

Place of meeting— *Cincinnati.* Time—*May.*

Officers for 1867.

President—H. F. Askew, of Delaware.

Vice-Presidents—1st. W. K. Bowling, of Tennessee. 2d. J. C. Hughes, of Iowa. 3d. H. I. Bowditch, of Massachusetts. 4th. Thomas C. Brinsmade, of New York.

Permanent Secretary—William B. Atkinson, of Pennsylvania.

Assistant Secretary—W. W. Dawson, of Ohio.

Treasurer—Caspar Wister, of Pennsylvania.

Committee of Arrangements.—John A. Murphy, James Graham, R. R. McIlvaine, J. P. Walker, — Unsicker, Wm. T. Brown, Wm, B. Davis, all of Cincinnati.

Committee on Medical Education—S. D. Gross, D. Francis Condie, John Bell, Pennsylvania, H. J. Bigelow, Massachusetts, Charles A. Pope, Missouri.

Committee on Prize Essays—Francis Donelson, Josiah Simpson, U. S. A., C. C. Cox, Edward Warren, H. C. Van Bibber, all of Baltimore.

Committee on Publication—(Re-elected.) F. G. Smith, C. Wister, W. B. Atkinson, W. Mayburry, Pennsylvania, H. F. Askew, Delaware, Gerard E. Morgan, Maryland.

Committee on Medical Literature—Alfred C. Post, Jas. Anderson, H. D. Noyes, T. G. Thomas, Stephen Smith, all of New York.

Committee on American Medical Necrology continued, with the following—Dr. Wood, of Delaware, substitute for Dr. Couper, John L. Callender, of Tennessee, in place of W. K. Bowling, John Blane, in place of Wm. Pierson, of New Jersey, E. S. F. Arnold, in place of J. H. Griscom, New York. Added—R. D. Arnold, Georgia, A. Lopez, of Alabama, Greensville Dowell, of Texas.

Committee on Climatology and Epidemics—Continued, with the addition of Uriah Harris, of Georgia, Henry Jones, in place of C. L. Allen, of Vermont, George Engelman, of Missouri, R. Miller, of Alabama, E. D. Fenner, of Louisiana, Greensville Dowell, of Texas.

All committees on special subjects to be selected by the sections to which the subjects relate.

N. S. Davis,
Chairman Nominating Committee.

On motion of Dr. Ordway, Massachusetts, the report was accepted, and unanimously adopted.

On motion, the Association resolved itself into a Committee of the Whole, with Dr. Hibberd, Indiana, in the chair, to discuss the subject of extending the college terms.

The Committee of the Whole having risen, the President resumed the chair, and Dr. Hibberd, chairman of that committee, reported that the subject of lengthening our college terms had been most thoroughly discussed, and there had been adopted the following resolution, offered by Dr. Davis, Illinois:

Resolved, That the Association most earnestly request the medical colleges of the country to hold a convention for thoroughly revising the whole system of medical college instruction, for the purpose of establishing more uniformity of time and a more systematic course of instruction for the whole.

On motion, the resolution adopted by the Committee of the Whole was unanimously adopted by the Association.

On motion, a committee of three was appointed to carry out this resolution, with Dr. Davis, Illinois, as chairman.

Committee—Drs. N. S. Davis, Illinois, Worthington Hooker, Connecticut, and Geo. C. Shattuck, Massachusetts.

On motion, the committee was increased to

five, and Dr. M. B. Wright, Ohio, and Samuel D. Gross, Pennsylvania, were added.

Dr. Cox read the report of the Committee on Rank of Medical Corps in United States Army, which was referred to the Committee of Publication.

Dr. Cox offered the following resolution, which was unanimously adopted:

Resolved, That the President of this Association bring before the notice of the Military Committees of both Houses of Congress, at as early period as possible, the present status of medical men in the military service of the United States, and urge upon them, that in the army medical bills under consideration of Congress, the interests of the medical profession shall be so regarded that the medical staffs in the service shall, numerically considered, receive the same rank and command as officers in other staffs of the army are justly entitled to.

On motion, a committee from this vicinity was appointed to carry out the resolution, the President to act as chairman.

Committee—Drs. D. H. Storer, Massachusetts, C. C. Cox, T. Antisell, W. P. Johnston, Maryland, Chas. Allen, District of Columbia.

Dr. Cox, from the Committee of Arrangements, offered the following as members by invitation, who were unanimously elected—Drs. W. Stump Forward, W. H. Stump, and Joseph L. Chaplain, Delaware, and W. D. Stewart, of Virginia.

Dr. Cox moved that a committee be appointed to report on the Treatment of Fractures of the Spine, and that Dr. C. E. Brown-Séquard be chairman thereof.

The matter was referred to the section on Surgery, with instructions to make the appointment.

On motion, Drs. A. C. Post, New York, Thomas Antisell, District of Columbia, and John L. Atlee, Pennsylvania, were added to complete the Committee on Medical Ethics.

On motion, the reports of the Committee on Medical Ethics were taken up for discussion.

The reports were read, and on motion of Dr. Toner, the resolution attached to the minority report, to postpone indefinitely the further consideration of the subject of Specialties, was omitted from the report, and both reports were adopted.

On motion, this action was reconsidered, and the resolution re-annexed to the minority report, and both reports were then referred to the Committee of Publication.

Dr. J. S. Cohen, Pennsylvania, moved that the subject of Specialties be recommended as the special order of business to be considered at 10 A. M., on the second day of the meeting in 1867, and that meanwhile the various local societies sending delegates to this Association be requested to discuss the subject at their meetings.

Pending which, Dr. Julius Homberger, of N. Y., made a personal explanation relative to the subject. The previous question was called for and sustained, and the motion of Dr. Cohen was adopted.

On motion of Dr. Sayre, New York, it was agreed to hold an adjourned meeting at 5 P. M., to discuss the subject of cholera.

Communications from Dr. McGill, U. S. A., on Periosteal Flap in Amputations in Continuity, and Dr. L. Elsberg, New York, on the Present Means for Diagnosis of Diseases of the Lungs, were offered and referred to the section on Surgery.

The Association then adjourned until 5 P. M.

THIRD DAY.—*Afternoon Session, May 3d.*

At 5, P. M., according to previous adjournment the Association met, and after being called to order, resolved itself into a Committee of the Whole, choosing Dr. Davis as chairman.

The subject for discussion, as formerly announced, was

CHOLERA.

Dr. Sayre, of N. Y., opened the discussion. He considered that the disease could not reach here unless it was brought here; that it could not be generated here. It multiplies its ravages when filth and uncleanness abound, and is generated in a sandy, level country, beneath a temperature of 128 degrees. There the decomposing animal and vegetable substances originate this peculiar poison. He believed that it accompanied the individual, and that it did not travel by atmospheric power. He thought that the Government was responsible for permitting the disease to get in the land. A rigid, proper quarantine, universally adopted by the General Government, in combination with the British Provinces, would, in his opinion, prevent its admission to our continent. We had no quarantine, rightly considered. The disease in 1849 did not originate in Baxter street, New York, but took its origin from an infected person who escaped from quarantine. The cabin passengers escape, because the disease has not travelled 200 feet, nor 10 feet from the steerage to the cabin. He remarked that he did not believe in mysteries; but wished to understand in his own way. If the valuable information that he had obtained from Dr. Marsden were put into practical application by the General Government, he believed that millions of money and millions of lives would be saved.

Dr. Linton, of Mo., protested against the doctrines advanced this morning and evening. We had medical journals through which we could discuss this subject long before the cholera could get here, and a long time before quarantine could prevent its getting here. "Who can believe that cholera could have been prevented from coming here in 1849? I do not believe that it is any more contagious than intermittent fever. I am certain that nine-tenths of the physicians of this country are convinced of this fact. I say to the citizens of New York, Baltimore and Canada, you may have no fears of the cholera. If it comes it will arise in your midst. Cholera is not a disease(!!)" He did not believe that there was any truth in the doctrine of contagion. "Cholera breaks out in ships after they are six weeks at sea. I saw a case in St. Louis two months ago. Where did the Asiatics get it from?"

Dr. Bell, of New York, thought the facts of Dr. Marsden inconsistent with the results of observation. Dr. M. had traced it first from a brig in Liverpool. He did not say that cholera existed

in Liverpool at the time. Dr. B. believed cholera can be traced to various places other than Asia. "If cholera is contagious, it takes various round-about ways of making short journeys. It took an exceedingly round-about way to the principal cities of Europe. Of the present epidemic, it is said the Mecca pilgrims first had cholera. The evidence I have collected are against strict quarantine. The passengers of the Atalanta were detained at quarantine. No cases occurred among the well passengers after they left the ship. Of all the likely things to originate cholera, none are equal to a crowded, filthy ship. None of the passengers or things of the Atalanta were taken to Ward's Hospital. I would protest against the indorsement of any restrictions against persons, advised by Dr. Marsden. The detention of well persons can never protect us against any disease. Our protection is in our clean houses, for cholera often leaps over healthy residences. The action of the health officers at the New York quarantine has been fatal to well persons, and had tended to ward off investigation of the places where cholera originated."

Dr. John L. Atlee, of Pa., remarked that it is difficult to know the facts in large commercial cities. "There are a thousand avenues to such cities as New York and Boston. But in the inland districts we are more likely to reach a better observation of facts. In 1832 I was in the midst of cholera at Lancaster County Hospital, Pennsylvania. I believed that cholera and yellow fever were diseases independent of any idio-miasmatic conditions of the atmosphere. In July or August, 1854, a certain peculiar condition of the air existed. The water of the Suequehanna was very low, and the water of the basin very filthy, yet there was no cholera. There were, however, some cases of bilious and intermittent fever. One day a car of emigrants came from Philadelphia to Columbia, two or three of the passengers were ill, and were put upon the platform. Four gentlemen seeing them there at the point of death, conveyed them to a shed. In the next twenty-four or forty-eight hours not one of them was living. In two or three days the cholera prevailed in Columbia. In the Lancaster County Hospital the winds were from the south. We had no cholera. A few days after the cholera broke out in Columbia, an emigrant reached there, afflicted with cholerine. Shortly after two or three cases of cholera existed. The same train conveyed the cholera to Pittsburgh. Passengers came to the vicinity of Lancaster, at a place called Paradise. Their effects were sent to Lancaster, in a high and healthy location. The relative who washed the clothes died of cholera. It is a contagious disease. Why did it not spread? Why did not small-pox spread? There is an atmospheric constitution favorable to the development of disease. The result of observations in Sweden was that it had been conveyed there by the clothes of sailors. I think Dr. Marsden is right, and Dr. Sayre is right, and our friends in Philadelphia must come to the same conclusion, if they wish to preserve that metropolis from the ravages of the cholera."

Dr. Sayre said the quarantine law of New York, as now enforced, is a disgrace to civilization. Dr. Carnochan himself, and others, saw the cases on Ward's Island, and they all came to the conclusion that they were not cases of cholera.

Dr. Bell remarked, that Dr. Geo. Ford insisted that the Ward Island cases he treated were those of cholera.

Dr. Sayre then quoted from Dr. Ford's official statement in the annual report of the Commissioners of Emigration, in which he (Dr. F.) stated on page 52, that those "twenty-seven deaths were caused by *diarrhœa* and dysentery." This was the *official* statement of Dr. Ford.

Dr. Marsden said that cholera followed human travel. He adduced other facts to demonstrate its contagious character. It is infectious in persons and personal effects. He urged the necessity of guarding against any communication between the infected and the well. Equanimity, cleanliness and temperance, were three great adjuncts to the quarantine.

Dr. Jewell, of Pa., said: "I have been charged with disseminating cholera. I have done all I could to prevent its entrance into Philadelphia. Cleanliness and ventilation will do much to that end. We have been engaged at that during the past winter. I do not believe in quarantining healthy people. That would be disseminating the disease, by giving it to the well persons on the vessels where cholera existed. We had the epidemic in the summer of 1849 in Philadelphia. It began in four different portions of the city. The first case was at Richmond, the second at Eighth and Spring Garden streets, the third in Moyamensing. These were all in the centre of the city, except at Richmond, and remote from the Delaware. The filth produced the disease in Richmond and along the Delaware. In 1832, the first case was on the Schuylkill, in a canal boat that came down from the upland country. There had been no foreign arrival in Philadelphia. It came from a poisoned atmosphere. In 1849 no flies were living. In Wheeling the birds died. The doctrine of contagion is dangerous, and will deprive the sick of assistance. Small-pox does spread, and if we had no vaccination it would spread more than it does. Contagion and infection are distinct. Contagion is the principle communicating the disease from one person to another. It is not so with cholera. There were no cases of contagion in 1832 or 1849. No vessels arrived with cholera on board. They may have arrived after the disease appeared. I am sorry the resolution was introduced. Next year we will be better able to test the value of Dr. Marsden's information. The poison of cholera will increase rapidly by contact with filth. It is only by purification of the city that cholera can be prevented."

Dr. Lee, of N. Y., followed with some brief remarks, sustaining the views of Dr. Marsden. It is contagious under certain circumstances. Certain neighborhoods of a very filthy character, were not attacked until emigrants came there.

The Committee of the Whole rose, and the Association adjourned without further action.

FOURTH DAY.—*Friday, May 4th.*

The Association was called to order at 8½ A. M., by the President.

The Permanent Secretary read the minutes of the whole session, which were adopted.

On motion, Drs. C. C. Cox, Maryland, and J. C. Hughes, Iowa, were appointed delegates to foreign societies.

Dr. J. P. Garrish, New York, offered the following, which was unanimously adopted:

Resolved, That all the members of this Association urge upon the Legislatures of their various States the great importance of making it compulsory that all marriages, births, and deaths, be registered.

Dr. Mayburry, Pa., moved the adoption of the amendment offered last year by him, adding to paragraph 14, of the Constitution, (end of 15th line, p. 341, Trans. 1864,) after "unanimous vote," the following, "and shall continue such so long as they remain in good standing in the body from which they were sent as delegates."

The amendment was unanimously adopted.

The Committee on Rank of Medical Corps in Navy having failed to report, on motion of Dr. Cox, it was

Resolved, That Surgeons W. M. Wood, Ninian Pinkney, and David Harlan, U. S. N., be appointed a committee to report upon this subject at the next meeting of the Association.

Dr. Bartlett, Wisconsin, offered the following, which was unanimously adopted:

Resolved, That the thanks of this Association are hereby presented to the profession and citizens of this city, to the Mayor and Corporation of the same, and to the Governor and State authorities, for the kind and generous hospitality which has been tendered to the Association during its present session.

The report of the section on Practical Medicine and Obstetrics was read and adopted, and referred to Committee of Publication.

The Committee on Medical Ethics presented the following report:

The Committee on Medical Ethics, to whom were referred certain resolutions passed by the Montgomery County Medical Society, of Pennsylvania, would report:

That it is inexpedient for this Association to act upon the subject-matter of these resolutions, and that its proper reference would be to the Medical Society of the State of Pennsylvania.

On motion, the report was adopted, and the resolutions were so referred.

The sections on Surgery, on Hygiene, Medical Jurisprudence and Physiology, on Meteorology, Medical Topography and Epidemics, and on Chemistry, severally reported their minutes, which were received and referred to the Committee of Publication.

On motion of Dr. Mayburry, the amendment to the Constitution, increasing the fee for membership to $5, was unanimously adopted.

On motion, the several amendments offered by Dr. Bissell, at the last session, were laid over.

A motion to adopt all the amendments was lost.

A motion to amend the Constitution, by making the basis of representation 20, in place of 10, was negatived.

Dr. Holton, Vermont, offered the following resolution, which was unanimously adopted:

Whereas, The author of the Essay, Dr. H. R. Storer, to which the prize of $100 from this Association was awarded in 1865, refused to receive the amount thus awarded, consequently increasing the resources of this Association to that amount; therefore,

Resolved, That the thanks of this Association are hereby tendered to Dr. H. R. Storer, for this display of liberality.

Dr. Holton also offered the following, which was negatived:

Resolved, That at the future meetings of the Association there shall be held two general sessions, one in the morning, and one in the evening, unless otherwise ordered.

Dr. King, of Pennsylvania, offered the following:

Resolved, That this Association, approving of the system of quarantine proposed by Dr. Marsden, of Canada, as the most effectual means for preventing the introduction of cholera into this country, do most earnestly recommend the propriety of its adoption at all our ports of entry, to the favorable consideration of Congress.

Pending which, after much discussion, the Association went into Committee of the Whole, with Dr. Davis as Chairman.

The Committee, after quite a lengthy session, rose, and the President having resumed the chair,—

Dr. Davis reported that the Committee of the Whole, after much and earnest discussion, had laid the resolution of Dr. King, on the table, as well as one by Dr. J. H. Hobart Burge, N. Y., to a similar effect.

On motion of Dr. Cox, Dr. J. C. Tucker, of Nevada, was elected a member by invitation.

The section on Psychology reported their minutes, and requested the appointment of a Committee on Insanity, to report at the next annual session, to consist of Drs. I. Ray, of Rhode Island; Clement C. Walker, Massachusetts; A. B. Cabanis, Mississippi; W. S. Chipley, Kentucky; and John Fonerden, Maryland.

On motion, the minutes were read, and referred to Committee of Publication; and the Committee was appointed.

On motion of Dr. Taylor, Iowa, the following was unanimously adopted:

Whereas, After a long and laborious life, devoted to the practice of medical art, and promotion of the interests of medical science, Dr. D. L. McGugin, of Iowa, has been called to the final rest of all good men.

Resolved, That the Association, while deeply regretting the loss they have sustained, will ever keep alive the memory of his many virtues and professional worth, and commend the example of his untiring devotion to the common cause.

Resolved, That a copy of these resolutions be furnished his family, with the sincere condolence of this Association.

On motion of Dr. Garrish, New York, it was *Resolved*, That the members of this Association tender their heartfelt thanks to our professional brethren of Baltimore, for the liberal, cordial, and satisfactory manner in which they have entertained us.

The report of the Committee of the Whole on Cholera was then adopted, by a vote of 68 to 61.

Dr. H. R. Storer, of Massachusetts, offered his report as delegate to the last meeting of Superintendents of American Institutions for the Insane, and presented the following for adoption:

Resolved, That the Association recommend to the several medical and law schools of the country, the establishment of an independent Chair of Medical Jurisprudence, to be filled, if possible, by teachers who have studied both law and medicine, attendance upon one full course of lectures from whom, shall be deemed necessary before the Medical Degree is conferred.

Resolved, That while this Association regrets that the Association of Superintendents of American Asylums for the Insane, has not yet thought fit to unite itself more closely with the representative body of American physicians, it still is of opinion that such union is for their mutual and reciprocal advantage, and that it ought to be effected without further delay.

On motion, these resolutions were adopted.

On motion, Dr. Prince's report on Patent Rights among Medical Men, and the Essay on Angular Curvature of the Spine, were referred to the Committee of Publication.

On motion, the Association adjourned to meet on the 1st Tuesday in May, 1867, at Cincinnati, Ohio, at 11, A. M.

Entertainments.

On Tuesday evening a Promenade Concert and Entertainment were given to the Association by the profession of Baltimore, at Concordia Hall. In spite of a stormy evening, the members and their ladies were present in goodly numbers, and fully enjoyed the music and promenade, as well as a magnificent entertainment of a most substantial form, which was served up about 10 o'clock.

On Wednesday evening the sociable feature was continued by soirées at the residences of Drs. Cox, Bond, Smith, and Surgeon Simpson, U. S. A. Everything connected with these entertainments was such as to evince to the members of the Association, the kind hospitality and excellent taste of their hosts.

On Thursday evening the Association assembled *en masse* at the Maryland Institute, to partake of a monster banquet spread before them by the municipal authorities of Baltimore. Over four hundred gentlemen, including the Mayor, officers and members of the City Councils, with many prominent citizens, were seated at immense tables, occupying the main saloon of the Institute, while a fine band in the gallery added vastly to the pleasure of the evening. The supper having been disposed of, the customary toasts were given, and speeches made, which enlivened the scene until the assemblage dispersed about the hour of 12, P. M.

On Friday, the Association, including the ladies, were conveyed in the beautiful and commodious steamer, Samuel J. Pentz, to Annapolis, and after a stroll through the principal streets, were received by his Excellency, Governor Swann; and after speeches of welcome, the members and their ladies were formally introduced to the chief officer of the State, who entertained them in the most substantial and hospitable manner. The gay assemblage again embarked about 6, P. M., and after a pleasant voyage, reached Baltimore, thence to disperse to their homes.

[Reports from Sections, etc., next week.]

NEW YORK ACADEMY OF MEDICINE.

May 16*th*, 1866.

Hypodermic Injection of Morphia.

At an adjourned meeting of the Academy, Dr. Clark related two cases, which he had recently observed, illustrating the good and ill effects of the hypodermic injection of morphia. In the first case the patient was apparently moribund, almost pulseless, frequent alvine evacuations, livid, etc., presenting the appearances of poisoning; and it was on examination discovered that the patient had, about a year ago, been advised by a medical practitioner to use aconite root. She had, however, neglected to follow his precautionary advice of stopping the medicine when certain symptoms would occur, and the result was cumulative poisoning.

Stimulants and the hypodermic use of morphia appeared to be the only means which would promise hope, and were consequently resorted to. Fifteen drops of Magendie's solution were injected. In about a quarter of an hour the urgent symptoms commenced to be relieved, the pulse became stronger, the alvine discharges ceased; she became more life-like, and went into a sleep for two hours. She then awoke, when the symptoms returned. Another injection of the same quantity was practised, upon which the symptoms again subsided; she again fell into a sound sleep, and the next day was perfectly recovered.

The second case was that of a woman who was brought to Bellevue Hospital, with symptoms of incipient tetanus. She had been delivered with forceps some days before,—the operation having resulted in laceration of the uterus and vagina. Her jaws were firmly closed, and rigid. Hypodermic injections of morphia were resorted to, at intervals of 2 to 2½ hours; but the opiate treatment was followed by but slight effect, no considerable amelioration taking place. Soon after the last injection she became suddenly and profoundly narcotized, and died in spite of all that could be done. The post-mortem examination showed the vagina and uterus lacerated, with

some pus in the pelvic cavity, but no general peritonitis. It was also discovered that in the last injection the instrument had passed into a small vein. This probably accounts for the suddenness and profundity of the narcotism following.

Resection of the Elbow-Joint.

Prof. Post introduced a patient on whom he had operated ten years ago, and he looked upon the case as interesting, because it showed the results complete. The patient, a young lady, now twenty-one years of age, he had first seen when ten years old, suffering from anchylosis of the elbow-joint,—the result of an injury, probably a fracture, which she had received a year before, by being roughly handled. The anchylosis was not bony, but still very rigid and firm; and as the arm was nearly in a straight position, she had no use of it whatever, being unable to carry anything to her head and mouth.

The end of the os brachii was resected in two portions, until sufficient mobility was procured. At present she enjoys a very considerable use of the arm, motion at the joint being perfect, although the member is not developed as well as the opposite. It is about an inch shorter than on the other arm. She is able to lift a pail of water with it.

In this case there was but one straight incision made. Dr. Post considers this the best mode of operating, though perhaps a little more difficult than with the H incision or others. In his experience, the straight incision had been accompanied with better results than the others.

Purpura Hæmorrhagica; Death.

Dr. Bulkley related a case of purpura hæmorrhagica, complicating small-pox, which proved fatal in the course of a few days. The local manifestation of the disease was very slight, showing itself only in intense redness of the nose, with some ecchymosis of the eyes. Two purpuric streaks were observed on the cheeks, on either side of the nose. No other local manifestation. The patient, however, vomited blood, and had copious bloody discharges from the bowels. There was delirium, but no coma.

Plastic Operation on the Mouth.

Dr. Buck gave an account of a plastic operation performed by him about a year ago, involving the removal of a large amount of cicatricial tissue of the mouth and cheek, the result of a shell wound; the appearance of the patient was illustrated by cuts and photographs.

Report of the Committee on Hygiene.

At the same meeting, (May 16th,) Dr. Stephen Smith read an elaborate report on the means of relief in treating and preventing cholera, in which he gives an account of the measures already adopted in New York by the Board of Health. Ordered to be printed.

Editorial Department.

Periscope.

Extrusion of the Uterus with the Fœtus still within its Cavity.

In the May Number of the *Detroit Review of Medicine and Pharmacy* Dr. E. W. Jenks, Physician to Harper Hospital, relates a case of extrusion of the uterus with the fœtus still within its cavity. The woman had been in labor four days under charge of a homœopath, when Dr. J. was called in. The waters had broken about 48 hours before, and the attending "doctor" described the case as progressing favorably, until the head was near the vulvar opening. Digital examination had disclosed the head presenting in the first position. When, after an intermission of some time, caused by the exhausted condition of the patient, the pains returned, the head and shoulders could be distinctly felt protruding from the vagina, but surrounded by *something* unusual at this stage of labor. Ocular examination revealed the fact that the head and shoulders were extended from the vulva, but *still in utero!* As the os uteri was no more dilated than at first (1½ inches in diameter) the fœtal head could be distinctly seen, while the powerful propelling force of the abdominal muscles was pushing the uterus with its contents still further "into the world," and the overstrained os was beginning to tear at its anterior edge. The child being evidently dead, and rupture of the uterus threatening, under this condition Dr. J. encircled the fœtal head with his hands, for the purpose of preventing further protrusion or laceration, while Dr. T. who had also been called, reduced the head by craniotomy and then easily delivered the trunk with the crochet, through the circle made by Dr. J.'s hands. After removal of the secundines, the uterus was replaced in its normal position. There was little hæmorrhage and no further unpleasant symptoms. Convalescence was early established and the patient recovered her former health and strength.

The history of the case previous to labor explains the hindrance to its completion. At different times during pregnancy the uterus had been prolapsed and protruded beyond the vulva. At one time in climbing over a fence she slipped and severely bruised this dependent tumor, and an abscess in the muscular tissue of the organ resulted, which discharged for several weeks and then healed. The products of reparation in the healing of this lesion were the cause of difficulty in the dilatation of the os uteri in labor; for the cicatrix, formed of firm fibrous tissue, acted as an inelastic band, limiting the expansibility of the os beyond a given extent, which in this case was insufficient to allow the passage of the child.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 26, 1866.

AMERICAN MEDICAL ASSOCIATION.

The Seventeenth annual session of the American Medical Association commenced in the city of Baltimore on the 1st inst. The minutes are published in this and the preceding number. The meeting, though not quite so large as was expected, was large enough, there being over three hundred members present, including a small delegation from the more southern States. Socially, the meeting was a decided success; we scarcely ever attended one that was more so. We cannot, perhaps, say that the profession and citizens of Baltimore and Maryland exhausted their powers in the way of entertainment, but we do not know what more they could have done, or how they could have done what they did, better. As one of the members said, the profession of Baltimore first gave the Association a cordial greeting on Tuesday evening, at a promenade concert, and one of the most elegant and well appointed soirées that its members ever attended; and, again at several private receptions on Wednesday evening; then the city authorities took them in hand, and on Thursday evening gave them an elegant and costly entertainment at the Maryland Institute;—and finally, as if this were not enough, the State authorities extended the hand of welcome, and conducted them to the capital, where, amid the holy associations that surround the first capital of the Nation, a splendid reception and entertainment were given at the Governor's mansion. This excursion, by steamboat from Baltimore to Annapolis, was a very pleasing and effective finale to the social features of this occasion.

But agreeable and important as was this part of the meeting of the Association, its sessions for business, the reading of scientific papers, and discussions, were the criteria by which to judge of the real value of the meeting to the profession. The material was abundant, but unfortunately it was not used to the best advantage,—certainly in the public meetings, where much time was lost in profitless talking. As this is, however, incident to nearly all public meetings, it is but an argument in favor of prolonging the sessions of the Association beyond three days, which time is consumed in most public bodies in getting into harness for the work before them.

The points of special interest connected with this meeting, were the Report from the Committee on Ethics on the practice of Specialties, the Lecture on Nervous Affections, and New Remedies, by Dr. E. Brown-Séquard, and the remarks by Dr. Wm. Marsden, of Quebec, on Cholera, and the discussion it gave rise to.

The Committee on Ethics came in with a majority and a minority report on the practice of specialties. No true, high-minded man should, in our opinion, have objected to the majority report, which, so far from condemning the practice of specialties, rather favored it within proper professional bounds. The minority report was a sorry affair, an insult to the intelligence of the congregated wisdom of the medical profession of America; and the attempts of the ultra specialists to relieve themselves of so questionable a backing, were decided failures. Such a complete break down is not often witnessed. The whole bearing of these ultra specialists before the Association was offensive, as it has always been. The right to practice specialties has never been questioned by the Association, and never will be, so long as it is done within the bounds of professional propriety. But these men have thrust themselves upon the Association, and appeared last year at Boston, in a report from the chairman of their own committee—which, confessedly, he did not submit to the other members of the committee, because he knew they would not approve it—which was arrogant and insulting in the last degree.* We think they should be satisfied with the exhibition they have already made of themselves, and spare the Association the execution of the threat that they will appear again and again, until their claims are recognized. These, so far as developed, seem to be simply that they be recognized as the leaders of the profession, and be allowed to advertise in the public newspapers. They can do both, to the extent of their ability—*outside of the Association*. That body has made no objection to the practice of specialties, and will make none, when carried on in the spirit of its code of Ethics.

The lecture by Dr. E. Brown-Séquard, on Nervous Diseases and New Remedies, was listened to with much interest by the members, and by the large audience in the galleries. We shall soon give an outline of his remarks, together

* The legitimate conclusion which this gentleman has reached, may be learned by the following, cut from the columns of a daily paper of this city:

"☞ SURGICAL OPERATIONS ON THE EYE.—Dr. HOMBERGER, OCULIST, editor of the 'American Ophthalmic Journal,' informs the public that he is prepared to perform all SURGICAL OPERATIONS necessary to restore SIGHT or correct DEFORMITY. In no case will he make a charge unless perfectly SUCCESSFUL. Dr. HOMBERGER can be seen at Dr. VON MOSCHZISKER'S Office, No. 1031 WALNUT Street. Hours from 11, A. M., to 2, P. M."

with a notice of other of his deliverances on the subject.

The address of Dr. Marsden, of Quebec, on cholera, was a clear enunciation of his views on a subject of great, and just now, of growing importance. It was listened to with great attention and interest by the Association, and the general audience; and if there had been less disposition manifested to *force* the Association to commit itself to the views held by that gentleman, more good would perhaps have been accomplished, and the Association have placed itself on the record with more positiveness, than now appears. A good deal of the time of the Association was consumed in the discussion of this subject, and the dreadful fear of the "non-contagionists" that the Association would make a record that had the very slightest tendency in the opposite direction, prevented any practical or useful result flowing from it. It was desired that some recommendation should emanate from the Association, which should at least give the country the benefit of any doubts that might exist in the minds of the profession on the subjects of portability and specific contagion, and by recommending the establishment of a rigid quarantine, prevent, if possible, to do it in that way,—the introduction of this awful scourge into our country. As it was, the influence of the Association was rather against any attempt to prevent the introduction of cholera into the country by means of quarantine,—even the very reasonable and "conservative" resolution of Dr. Burge, of Brooklyn, having been voted down. We are, however, of the opinion that this was, in reality, contrary to the sense of the meeting; and that had the President not lost his equanimity—as he did on several occasions—and put the question at the proper time, and in such a manner as to be fully understood, a decided majority would have been found favorable to the adoption of the resolution. We do not understand that the doctrine of specific contagion was held by many—if any—of the members, while we have little doubt that a majority were well convinced of the portability of the disease.

The subject of medical education excited considerable interest, but did not receive the attention that it merited for want of time. We hope to be able soon to present a full report of the able and convincing remarks of Dr. N. S. Davis on the subject. We trust that the call for a meeting of the delegates from the Colleges of Cincinnati next year will be heartily responded to, and result in something practical. In the meantime, the subject should be fully discussed in the journals.

There was a large amount of business done in the various Sections, and it will be seen that the Association reaped a rich harvest of literary material for its next volume of Transactions. The adoption of the rule limiting the time allowed authors of papers for proof-reading, will, it is hoped, have the effect of enabling the Publication Committee to issue the volume earlier than heretofore.

Many important items of business were passed over for want of time. If the Association had a *Business Committee*, to whom all resolutions, reports from the Sections, and other business, could be referred to be digested, and put in proper shape before being presented in open meeting, it would greatly facilitate the transaction of the business of the Association.

The Reports of the meetings of the Sections, and the meeting for the discussion of the cholera question, after the Association adjourned, must be deferred till next week.

A "STATE BOARD OF HEALTH" IN NEW JERSEY.

By resolution, the Legislature of New Jersey, during its last session, directed the Governor of the State to appoint a Sanitary Commission, or State Board of Health, to communicate with the Governor regarding measures of sanitary improvement throughout the State. This action of the Legislature had been induced by the appointment of a Committee of the Medical Society of the State, who waited upon the Governor, suggesting that steps should be taken for better sanitary supervision and improvement.

The Commission thus appointed by the Governor have made a report, which has been published in the newspapers, and which is a very sensible document, as far as it goes. It contains, in a concise form, the main points of the laws of hygiene,—ventilation, cleanliness, etc.; and regarding cholera, the principal rules of dietetic and hygienic prophylaxis. As a popular document, addressed to sensible, intelligent people, it is well worthy of being read in every family in the State.

But the difficulty in this matter of sanitary improvement is, that the very classes of population everywhere, among whom sanitary reforms and hygienic measures are most needed, are often neither sensible nor intelligent, nor have they, in very many instances, the facilities to pay strict attention to a volunteer enforcement of sanitary rule. Hence it is, that, however well

meant, all mere suggestions in the form of popular reports, manifestos, or proclamations, practically amount to precious little. How many people in the thickly inhabited towns and cities, among the laboring class, will be induced, even if the report of this and similar commissions should reach their eye, to commence sanitary reforms, even in their own families?

The history of sanitary reform in all countries has sufficiently demonstrated, and the lamentable experience—especially of the city of New York—has fully shown, that no real change for the better can be accomplished, except by an efficient sanitary code enforced by the strictest executive force. To people who have a constitutional aversion to the use of water and soap, it is useless to talk about the necessity of keeping open the pores of the skin. And of the thousands who live crowded together, earning their bare, miserable livelihood by hard work from sunrise to sunset, it can hardly be expected that they should be very particular in regard to the sanitary condition of their abodes, when the difficulties of keeping quarters clean and healthy increase just in the ratio of the number of people living to a given number of square feet.

Hence it is that any attempted reform must be based, first and foremost, upon *compulsion*. Nothing else will do. Any community has a perfect right, for the purpose of self-protection, to force every body who chooses to be one of its members, to live in a manner which shall not endanger the health and lives of others; and the real question is simply what compulsory means are the most practicable and efficient.

In this view of the subject, we must confess to a certain degree of disappointment in failing to see in the Report of the Sanitary Commission of New Jersey any attempt, not even a suggestion, toward giving the people a sanitary code based on the principle of compulsion. The opportunity of the Commission was a splendid one. Originating from the Medical Society of the State, endorsed by the Legislature, and backed by the Governor, the Commission had everything in their own hands, and we can hardly be satisfied with a report which simply repeats rules of personal hygiene, and the principles of prophylaxis of cholera, and leaves such questions as compulsory vaccination, registration of vital statistics, the poor-house system, and the care of the chronic insane, laws regarding the erection of tenement houses, etc., etc., in *statu quo*. Nor is this disappointment lessened, when in the important matter of quarantine the same non-committal policy seems to pervade the report which has generally characterized the action of medical men in New Jersey on this subject.

However, the labors of the Commission, we hope, are not yet finished, and we trust that when the Legislature meets next year, it will be prepared, sustained by the Medical Society of the State, to submit for adoption a sanitary code and system of sanitary superintendence which will be a credit to New Jersey, and a model for adoption by other States.

QUARANTINE AND CONGRESS.

The following concurrent resolution has been adopted by both Houses of Congress, after considerable debate and amendment by the Senate:

"*Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled*, That the Secretary of the Treasury be, and he hereby is authorized to make and carry into effect such orders and regulations of quarantine as in his opinion may be deemed necessary and proper, in aid of State or municipal authorities, to guard against the introduction of the cholera into the ports of the United States; and the Secretary of the Treasury is further authorized to direct the revenue officers, and officers commanding revenue cutters, to aid in the execution of such quarantine and health laws as may seem necessary."

We have very little faith that any good will come from this resolution. With all due respect for the ability of the gentleman who holds the office of Secretary of the Treasury, we cannot, by any possible stretch of our imagination, conceive how he can, with a few revenue cutters and officers, so aid in the execution of present quarantine and health laws as to render them efficient.

The whole matter is left to the discretion of the Secretary. He is *authorized*, not *instructed* to act in the matter, and this authorization has reference only to such orders and regulations, as, *in his opinion, may be deemed necessary and proper*. Suppose, in his opinion, nothing is necessary and proper in the premises?

The Secretary's opinion, relating to quarantine matters and health laws, may be as good and sound as any that could be advanced, though we confess of never having heard his name mentioned as a prominent sanitarian, and we doubt if the labor of keeping the national finances straight, and the accounts of the governmental credits and debits in order, will leave him much time to devote to the subject in question. Probably, and that will be the wisest thing for him to do under the circumstances, he will wait until the State or municipal authorities mentioned in the resolution invoke his aid, when such revenue

cutters as can be spared from their legitimate pursuit may be turned over to the aforesaid authorities, for such uses as they may be able to get out of them for quarantine purposes, which, we think, will amount to very little.

To ordinary mortals, who are not imbued with the practical wisdom that seems to float in the very atmosphere of the halls of Congress, it would appear, that if any measures regarding the prevention of disease by quarantine regulations and the enforcement of sanitary laws were in question, common sense would point out to our law-makers the propriety of consulting somebody who knew something of the matter, and to entrust their enforcement to a class of men, who, by their profession, have made the laws of health and of disease a special study. If the members of the House of Representatives and of the Senate had taken any pains to obtain the required information, they would easily have discovered that there is such a person as the Surgeon-General of the United States, and that the State and municipal regulations, as they exist at present, are deficient, not so much on account of a want of knowledge, or want of a few revenue cutters and revenue officers, but on account of insufficient jurisdiction; the *multiplicity* of State and municipal interests, and the want of a strong authoritative head. For instance, New York has established a quarantine as well as she can, providing, on such grounds as are under her jurisdiction, accommodations for vessels and passengers under quarantine. These accommodations, even with the available help of all the revenue cutters under control of the Honorable Secretary added thereto, are insufficient, as those who are acquainted with the demands made by the vast numbers of emigrants arriving from Europe will admit. On the other hand, New Jersey, which State has repeatedly refused to act with New York in the matter of aiding in establishing efficient and proper accommodations for quarantine, although as much interested as the former State in keeping pestilence off our shores; and while her politicians generally assume to consider such a demand as an outrage upon her State Rights, they would look upon the reasonable and just request that she shall establish *a quarantine for herself*, to protect the people, as equally an outrage upon her purse.

If, between the incapability of one State and the unwillingness of the other, the public interests are allowed to suffer, and the introduction of epidemic disease rendered easy, or if the limited accommodations for detained passengers are such as to throw the odium of inhumanity and barbarism upon the American people, surely there is reason sufficient why the national government should interfere, and in the exercise of its constitutional power to regulate national intercourse and traffic, should establish a quarantine code such as would take away the reproach of inhumanity and be a sure protection against the importation of disease. For those who happen to live comfortably in cities which are not centres of international travel, and at whose port there are *no* daily arrivals of vessels with thousands of emigrants on board, it is easy to *denounce* the restrictions of quarantine. But if they lived in the city of New York, and had opportunity of observing the *filthy, reeking*, and hence *demoralized* condition of these emigrant passengers as they arrive, after more or less protracted voyages in overcrowded vessels, they would be forced to admit that both passengers and vessels should be *forced to undergo a thorough cleansing and purification*, before they are allowed to mingle promiscuously with the population, even when there is no danger of *epidemic* disease, but simply as a measure of general hygiene. It is a matter which concerns the welfare of the emigrant as well as the public at large, and as emigration to this country forms one of the great unprecedented events of this century, upon which much of the future development of our national resources, prosperity, and happiness depends, it is the duty of Congress to provide, by proper legislation, a code of quarantine or protection to emigration, by which these exigencies will be provided for.

The question whether Congress has the power to establish quarantine, came up during the discussion of the resolution in question. It was, we think, effectively disposed of by Senator Sumner, who said that as cholera—and he might have added all other epidemic and foul-air diseases—came through passengers, under the law to regulate the carriage of passengers, there was power to make laws respecting their health. Of course there is.

The subject was prominently placed before Congress by the action of a large number of members of the American Medical Association, at its late meeting in Baltimore, who signed the following resolution:

Resolved, That the undersigned, being deeply impressed with the necessity of prompt and efficient measures for protecting the community against the approach of Asiatic cholera; and, believing that the scientific investigations since 1832 have demonstrated the portability and the communicability of this disease, petition your honorable body to adopt an uniform and

general system of quarantine at every port, as recommended by Dr. Marsden, whose plan we beg leave respectfully to submit.

The Association, as such, resting on its conservative dignity, preferred a non-commital course, and refused to pronounce itself decidedly, one way or the other. But the time will yet come, we are sure, when the whole profession will be unanimous that the general government should, under the *authority of its chief medical officer*, provide for a sanitary code regulating international intercourse, travel, and emigration, by which all danger of the introduction of epidemic disease will be reduced to its minimum, the health, the comfort, the morals of the people will be protected, and the shocking apology of a quarantine, as it exists at present, a disgrace to our country, will be forever removed.

Notes and Comments.

Mortality of New York.

Dr. E. Harris, in his mortality report for the week ending May 12th, gives 432 as the total number of deaths—a mortality equivalent to an annual death-rate of 30.92 to 1000 inhabitants. This is a marked decrease, and it is noticed to be almost exclusively in the list of miasmatic or foul-air diseases, which last week killed but 84 persons, while five weeks ago, the same list stood at 112.

Scarlatina diseases, and the kinds of domestic pestilence that are usually propagated by neglect of ventilation and cleansing, have greatly diminished; but it will be noticed that tender infancy is still subjected to causes of mortality which neither open windows nor the improved cleanliness of the streets have removed. Marasmus, convulsions, and the diarrhœa of inanition, were the chief causes of mortality in the 110 badly-nursed infants who died last week before their first birthday.

The mortuary record of Brooklyn presents the same pleasing fact as that of New York, in respect to the entire absence of *epidemic* diseases, so far as can be shown by such records. If now, while the epidemic of cholera is yet distant from us, the wholesome dread of it shall lead all classes of our fellow-citizens to second our official labors and obey the instructions of the Board of Health, the evil they dread will almost certainly be avoided, for, as has well been asserted by the best sanitary officer in Europe, Dr. Simon, "the specific migrating power of cholera, whatever its nature, has the faculty of infecting districts in a manner detrimental to life, *only when the atmosphere is fraught with* certain products susceptible, under its influence, of undergoing poisonous transformations. Through the unpolluted atmosphere of cleanly districts it migrates without a blow; that which it can kindle into poison lies not there."

Sprinkling the Streets.

This subject was discussed at a recent meeting of the Metropolitan Board of Health.

Dr. Parker said that the wetting of Broadway was an intolerable nuisance in many ways, which should be abated at once, and every effort made to prevent its recurrence. He said that when the streets are covered with organic matter and the weather is hot, desiccation is the result, and very little detriment to health occurs; but if water be added, then decomposition takes place, and the atmosphere we breathe becomes loaded with deleterious gases, which help to breed any of the poisonous diseases. He would, therefore, offer the following resolution:

Resolved, Therefore, that no sprinkling or watering of the streets be permitted in *hot weather*, except where the streets are *entirely* clear of all organic matter, and then only in the morning until 7 o'clock.

The resolution was referred to the counsel, with the request that he should prepare an ordinance to meet the views of the Board as expressed in Dr. Parker's statements.

Chloroform.

The frequent fatal accidents from the administration of chloroform have had this result that the use of this anæsthetic is gradually being discarded by the profession. In Lyons it has not been used for years, and the medical society of that city has after long discussion, adopted unanimously the following conclusions:

1. Rectified ether employed as an anæsthetic is less dangerous than chloroform. 2. Anæsthesia is produced as regularly and completely by rectified ether as by chloroform. 3. Ether is in some respects less convenient in use than chloroform; but the inconveniences attending its use are of little consequence when compared with the dangers inherent in the employment of chloroform. 4. Consequently, ether should be preferred to chloroform.

Dr. Samuel R. Percy has been appointed a Clerk of the Metropolitan Board of Health of New York, and assigned the duty of Inspector of Milk.

Correspondence.

DOMESTIC.

Cholera.

Editor Medical and Surgical Reporter:

I notice in your issue of May 12th, a report of two cases of Asiatic Cholera, so called, having occurred in the city of New York, one of which terminated in death 20 hours after seizure, and the other is reported as likely to live. In the first case "the post-mortem examination, conducted by Dr. Harris, revealed the usual lesions of cholera;" and in the second the record is "he"—the physician called—"found the symptoms to be those of undoubted cholera."—May I be pardoned if I do not agree to this? With regard to the character of Asiatic or other cholera, it is of the utmost importance that in the first place we agree on terms. It is well known that there are three diseases very much resembling each other, each of them capable of producing a fatal result, but radically different. They are all of them characterized by excessive action of the alimentary canal, and in proportion as the attack increases in intensity bring out the peculiar features of collapse—the cold, clammy, wet, blue skin and pinched features, while the voice becomes husky and often sepulchral in tone, and cramps come in to put the sufferer in torture. They are each dependent on a peculiar exciting cause, and as it seems to me, for want of discriminating properly between them, much of the confusion and indisposition on the part of the profession to accept the specific and contagious element of true cholera, has arisen. This question is discussed at some length in the *Medical Times and Gazette*, of London, Sept. 7th, 1865, to which the reader is referred; suffice it in this connection to state that the writer there recognizes the three varieties of cholera under the terms of *septic cholera*, or cholera from exposure to poisonous gases; *endemic hepatic cholera*—common cholera, cholera morbus, sporadic cholera; and *epidemic intestinal cholera*, or true Asiatic cholera. The first affects those who are exposed to animal effluvia, whether from dissecting rooms or abattoirs, and to the emanations arising from privy vaults and sewers, as well as of noxious gases. The second shows itself in consequence of some change in the relative proportion of fluids and solids in the body, caused by atmospheric variations in temperature, etc. The third and last is caused by the circulation in some way of a specific poison in the system, and in this way is capable of being perpetuated from one person to another, while the first two are not contagious in the slightest degree, nor capable of being propagated except by the operation of the original exciting causes.

Of the first two forms of disease, repeated instances, well marked, have been noticed in this city, within a twelve month, but up to the present time not even the most determined supporter of the epidemic theory of Asiatic cholera has affirmed that that disease was prevailing in our community. I see in this case of Mrs. Jenkins no reasons for going beyond septic cholera for a cause of death. She was attacked as many of the persons engaged in removing night soil are, when they first begin their occupation, and are not inured to the sickening filthy odors which constantly assail them; and was practically a neophyte undergoing a seasoning process which proved too strong for her, female as she was.

In regard to the second case, no symptoms being reported beyond diarrhœa and vomiting, and these occurring in the beginning of many summer diseases and common to all kinds of cholera, there is at least a doubt whether or no Asiatic cholera has yet made its appearance within the limits of the city of New York.

In times like the present, when the public mind is ready to believe almost any report that comes from a respectable source, too much care cannot be exercised in ascertaining beyond a reasonable doubt, and with all the patience that skill and experience can aid, the true character of every case of disease like the two which have formed the subject of this commentary. I trust Mr. Editor, that this subject of the difference between the three diseases mentioned will be thoroughly and freely ventilated.

Yours very truly,

William Read, M. D.

Boston, Mass., May 15, 1866.

"Army Itch."

Editor Medical and Surgical Reporter:

Having noticed in several of the late numbers of your valuable and interesting Journal, communications relating to the "epidemic or army itch," I concluded to give you my experience and plan of treatment in this peculiar disease. I, like Dr. L. C. Butler, have found the disease indigenous to the Southern States, and according to my experience it is more prevalent in Missouri, Arkansas and Tennessee, and in the order they are here mentioned, than in the other Southern States that I have visited. En passant, I would remark that I have been a resident of nearly

every one of the Middle and Gulf range of States, at least, for a long enough time in each one, to observe some of the diseases of each.

In Missouri and Arkansas this disease is more common among children under fifteen years, but in Tennessee it is more prevalent among adults. I consider the "army itch" (which name I have always given this disease) contagious; particularly among members of the same family or company; or when frequent and close contact takes place, where two or more occupy one bed, or use the same blankets or articles of clothing. It is not confined to any one portion of the body, but I have generally observed the rash to be more plentiful upon the inner aspect of the upper portion of the thighs, lower portion of the abdomen, and inner aspect of the fore-arms.

The plan of treatment that I have generally adopted is similar to that suggested by Dr. Butler, but in many respects more simple, more allied to the common treatment of scabies. I generally begin the treatment by a free and full cathartic; for almost always the bowels are constipated and loaded with fœcal matter; at the same time I direct the patient every evening before retiring to bed, to take a sponge bath of warm water, containing a large proportion of soft soap—or what is better, a kind of family hard soap made from the lye of wood ashes and fat boiled together; more commonly found in every house at the south than any other kind of soap. He is to bathe in this for several minutes, then on coming out of the bath to rub down with a coarse towel, then to apply to that portion of the surface where the rash is, the officinal compound sulphur ointment; or what I have found still better, more agreeable and more readily applied, kerosene or carbon oil; this latter to be slightly warmed, and well rubbed in with a piece of flannel.

The bowels are to be kept in a soluble condition during the whole treatment by epsom salts, cream of tartar and sulphur; the last two in combination with honey, in form of an electuary, is a very nice preparation for children; *diet* to be nourishing, and nearly all vegetable. I have found that from careful attention to the carrying out of the plan of treatment above laid down, the disease will almost always yield in from ten days to two weeks.

W. E. Whitehead,
Assist. Surg. U. S. A.

Cape Disappointment, Washington Territory, April 4, 1866.

—— Hippophagy. In Berlin in 1865, hippophagists ate 2241 horses. The flesh is reported to be "good, honest, but toughish, beef."

News and Miscellany.

The Metropolitan (N. Y.) Board of Health: Additional Powers.

Governor Fenton, of New York, has issued a proclamation, investing the Metropolitan Board of Health with additional powers, as follows:

State of New York, Executive Dep't, }
Albany, 14th May, 1866. }

The Metropolitan Board of Health, at a regular meeting thereof, held in the city of New York, on the 4th day of May, 1866, adopted the following resolutions:

Resolved, That in the judgment of this Board, and in fact there is the presence of great and imminent peril to the public health in the Metropolitan Sanitary District of the State of New York, created by chapter seventy-four of Session Laws of said State, passed February 26, A. D., 1866, (by reason of impending pestilence,) within the meaning of the provision in relation thereto, contained in section sixteen of same act; and the said Board does now, in good faith, hereby declare, that for preservation of the public health, the said Board should take the measures, and do and order, and cause to be done the acts, and make the expenditures (so far as this Board may find needful about said acts and measures) hereinafter specified, in addition to those specified by the resolutions of this Board passed on the 13th day of April last, that is to say:

Resolved, That the measures to be taken, the acts to be done, or caused to be done, and expenditures to be made by this Board in the discharge of its duty by reason of such peril, in addition to those specified in said resolution of April 13, are the following, so far as they can be specified:

1. The establishment and support of suitable buildings for the detention and accommodation of persons recently coming from any vessels on which there has been any case of cholera, ship fever, or other contagious disease, and to support such persons at such establishments during such period as this Board may deem necessary for the public health.

2. The removal from all cellars of all persons who may make such cellars their place of dwelling or lodging, and the furnishing of such persons, when so removed, with other dwellings and lodging places, for such period as this Board may deem necessary for the public health.

3. Using the proper means and agencies for the prompt and efficient exercise of the foregoing powers, and what is incident thereto, in such manner as the public peril in the opinion of this Board may render needful to guard the public health in respect to the cholera, ship fever, typhus fever, or other contagious disease.

4. Making such expenditures, incurring such pecuniary obligations, and borrowing such money about any measures or matters aforesaid as the Board may find or declare needful.

Having duly considered the foregoing proceedings of the Board of Health, I do hereby, by virtue of the authority contained in section 16 of the act therein mentioned, approve of subdivis-

ion one of the foregoing resolutions, the authority, so far as practicable, to be exercised in accordance with the provisions of section 47 of chapter 358 of the laws of 1863.

I also approve of subdivision two of said resolutions.

I also approve of subdivision three of said resolutions.

I also approve of subdivision four of said resolutions, to the extent only, and to the end that said Board may make such expenditures and incur such pecuniary obligations as may be needful far the purposes above specified.

R. E. Fenton.

Cholera in Germany.

A letter from the Grand duchy of Luxemburg says: "The greatest alarm prevails throughout this district, owing to the dreadful ravages made by cholera at Diekisch and the surrounding villages. Between the 1st and the 3d (April) the deaths amounted to 100, out of a population of only 2000 souls. The disease made its first appearance at Clemenci, near Arlon, to which village it was brought, according to report, by a workman from Paris. It soon spread to Mamer, Eich, Dommeldange, Weimerskisch, Luxemburg, and Diekisch, apparently following the watercourses."

—— Dr. Ross Lattimore, formerly of Jeffersonville, Ind., was murdered at his residence near Cave-in-Rock, Ill., recently, by robbers, who entered his house, and shot him down in the presence of his wife.

—— A Human Curiosity. The Berlin newspapers have the following curious paragraph: "A Hungarian girl, born at Oedenburg, without hands, now twenty years of age, has been giving some curious representations in the Prussian capital. She performs with her mouth the functions of hands. She sews, embroiders, executes the most delicate work with pearls, even threads her needles and makes knots, all with the tongue, apparently without difficulty, and certainly without the assistance of any one. Part of the works thus executed are destined for public exhibition." Most people will hesitate to believe such marvels until they witness them.

—— A prize of four hundred francs is offered by the Educational Society of Lyons, France, for an essay to determine how far the want of success in children's education is due to their parents, and how far to their schoolmasters. The essays may be written in any language.

—— Determination of Strychnia and Brucia. Dr. Dragendorf, of St. Petersburg (*Pharm. Zeitschr.* f. *Russl.* IV. p. 233), has estimated the proportion of alkaloids in nux vomica by boiling the rasped seeds three times successively in eight times their weight of very dilute sulphuric acid, evaporating with magnesia, treating the residue with alcohol, and the alcoholic extract with benzine, which process gives, however, not pure strychnia, but the gum of strychnia and brucia. The author has found Prof. F. F. Mayer's process (*U. S. Dispensatory* p. 1542, 12th ed.) very satisfactory, but does not know of the separation of strychnia and brucia by means of baryta.

—— Value of Potatoes as Food. A German agricultural paper states as the result of experiments made for the purpose of ascertaining the relative value of small and large-sized potatoes, that the larger potatoes are richer in nutritious matter, and therefore cheaper. Of three sizes, one that of walnuts, the second the size of small hen's eggs, the third of that of medium-sized apples—the proportions of dry substance were as 22·7; 22·9; 24·8 per cent. and the percentage of starch as 14.6; 15·2 17·2; per cent.

MARRIED.

Brandau—Roehl.—Near Knoxville, Tenn., at the residence of the bride's father, by Rev. John F. Spence, Dr. Gustavus R. Brandau and Miss Charlotte C. Roehl, daughter of Adolph Roehl.

Burchard—Haff.—In Brooklyn, May 17, by Rev. Morgan Dix, D. D., L. J. Gregg Burchard, M. D., of New York, and Miss Carrie V. Haff, daughter of the late Jacob Haff, of Newark, N. J.

Converse—Pollard.—At Williamsville, Hanover county, Virginia, on the 3d inst, by the Rev. A. Converse, D. D., the Rev. F. B. Converse and Ellen Elizabeth, daughter of George William Pollard, M. D.

Darlington—Moody.—May 8th, by Rev. S. S. Belville, Rev. N. W. Darlington and Miss Ella R. Moody, daughter of Dr. John B. Moody, of Newport, Ky.

Fauntleroy—Conrad.—April 26th, at Winchester, Virginia, by the Rev. J. R. Graham, Dr. A. M. Fauntleroy, of Staunton, and Miss Sallie H. Conrad, daughter of the Hon. R. Y. Conrad, of Winchester.

Fowler—Long.—May 14th, 1866, by the Rev. R. Lee, Dr. J. E. Fowler, of Canfield, Ohio, and Mrs. Mary E. Long, of Lawrenceville, Pa.

Grant—Magoon.—In Boston, April 22d, by Rev. O. T. Walker, Dr. William H. Grant, of Ossipee, N. H., and Miss Fannie Magoon, of Farialovet, Minnesota.

Harbert—Stout.—At Nashville, Tenn., April 26, 1866, by Rev. Dr. Bunting, Dr. Edwin A. Harbert and Miss Irene B. Stout.

Hariot—Davidson.—In this city, May 15, by Rev. H. D. Ganse, Hamilton Harriot, M. D., and Mary A. Davidson.

Hillier—Everhart.—May 15th, by Rev. D. C. Reed, Dr. J. W. Hillier and Miss Sallie M. Everhart, all of West Middlesex, Pa.

Huger—Lowndes.—At Charleston, S. C., May 10, by the Rev. Mr. Howe, Dr. William H. Huger and Sabina H., daughter of Charles T. Lowndes, Esq.

Jernegan—King.—May 14, at West Farms, Westchester county, N. Y., by Rev. Mr. Appleton, Capt. Holmes M. Jernegan, of Edgartown, Mass., and Miss Belle King, eldest daughter of R. A. King, M. D., of New York city.

Jones—Roots.—On the 15th inst., by Rev. Dr. Tenny, of Oxford, O., Dr. George Edwin Jones, of Cincinnati, and Miss Ellen Yale Roots, daughter of Philander H. Roots, Esq, of Connersville, Ind.

Kaufman—Tucker.—In Pottsville, Pa., May 1st, by Rev. H. C. Shindle, Dr. J. H. Kaufman and Miss Mary G. Tucker, only child of J. W. and Sarah Tucker.

Kirkbride—Butler.—In New York, May 17, by Rev. George L. Prentiss, D. D., Thomas S. Kirkbride, M. D., of Philadelphia, and Eliza Ogden, daughter of the late Benjamin F. Butler.

Lewis—Gwynn.—Gwynn—Lewis.—May 15, by Rev. Dr. Chauncey, William H. Lewis, Jr., and Mary Louise, daughter of Dr. Stuart Gwynn; and at the same time, by the same clergyman, Stuart Gwynn, Jr., and Mary Jane, daughter of W. H. Lewis, Esq., all of New York.

Monell—Black.—In this city, on the 15th instant, by Rev. Alexander Reed, D. D., Joseph A. Monell, M. D. of New York, and Harriet E., daughter of the late Thompson Black, of this city.

Moon—Gordy.—May 1st, 1866, by Rev. J. M. Adams, Jonathan Moon, M. D., and Miss Malvina Gordy, both of Jeffersonville, Pa.

Stoner—Henderson.—At Hummelstown, Pa, on the 15th inst., by the Rev. E. Huber, Wm. B. Stoner, M. D., of Westminster, Md., and Miss Maggie E. Henderson, daughter of the late Dr. Wm. Henderson, of Hummelstown.

Thomson—Slack.—At Emmanuel Church, Baltimore, by Rev. O. Perinchief, Alexander Thompson, M. D., and Miss Minnie, daughter of C. Slack, Esq., all of Mount Savage, Allegheny co., Maryland.

Vaughan—Wells.—At Cambridge, Mass., April 22d, by Rev. J. D. Wells, of Quincy, Dr. C. E. Vaughan and Miss E. F. Wells, daughter of the late Rev. G. W. Wells, both of Cambridge.

Williams—Cutler.—At Sparta, N. J., by the Rev. R. Vanhorne, 15th inst., Wickham Williams, Esq., of New York, and Miss Jeannie C. Cutler, of Sparta, daughter of the late Silas C. Cutler, M. D., late of Morristown, N. J.

DIED.

Duvall.—In New York, May 18, Eliza Ann Ogden, relict of Joseph W. Duvall, M. D., and sister of Dr. Benjamin Ogden, in the 56th year of her age.

Frost.—In Charleston, S. C., on the 7th inst., Henry R. Frost, M. D., a distinguished physician of that city, and founder of the South Carolina Medical College, aged 70 years.

Graham.—At Shawangunk, Ulster county, Thursday, May 3, Dr. George G. Graham, aged 71 years.

Jenks.—In Detroit, Michigan, April 25th, Julia L., wife of Dr. E. W. Jenks, aged 27 years.

Paul.—In Trenton, N. J., on the 13th inst., Mrs. Helen P. F., widow of the late Dr. James Paul, in the 64th year of her age.

Smith.—In this city, on the 15th inst., after a lingering illness, Mary K., youngest child of Dr. Albert H. and Emily Kaighn Smith, aged 14 months and 18 days.

Taylor.—In this city, on the 10th instant, Dr. Dewitt C. Taylor, in the 36th year of his age.

Thompson.—In Charlestown, Mass., May 11, Dr. Abraham R. Thompson, aged 85.

Willson.—In Pittsburgh, May 5th, Pierce Grant, son of the late Dr. J. H. and Anna M. Willson, aged 15 years, 5 months, and 5 days.

Wistar.—At Hilton Farm, near this city, on the 13th inst., William Wilberforce Wistar, son of Caspar Wistar, M. D., aged 29 years.

OBITUARY.

Dr. C. P. Tutt.

At a meeting of the Medical Board of the Philadelphia Hospital, the following resolutions were unanimously adopted:

Resolved, That the Medical Board have heard with feelings of profound sorrow, of the death of our colleague, Dr. Charles P. Tutt, from disease contracted in the wards of the Hospital.

Resolved, That in Dr. Tutt we always found the polite gentleman, the agreeable associate, the zealous student, and the attentive and skilful practitioner of medicine, always at his post of duty, despite its dangers and responsibilities.

Resolved, That the Medical Board tender individually and collectively to the family of Dr. Tutt, our deepest sympathy in their affliction, and assure them that we will always cherish the memory of our deceased associate with heartfelt gratification.

Resolved, That a copy of the above resolutions be transmitted to the family of Dr. Tutt, the Board of Guardians, and that they be published in the medical journals of our city, duly attested by the President of the Medical Board.

Alfred Stillé,
President of the Medical Board.

ANSWERS TO CORRESPONDENTS.

Dr. P. L. G., Thompsontown, Pa.—Lallemand's Porte Caus tique sent by messenger, 19th inst.

Dr. L. D. W., Messengerville, N. Y.—Manual on Birds sent by mail, 18th inst.

Dr. W. P. McN., Shirleysburg, Pa.—Obstet. Forceps, and Spring Lancet, sent by Express, 17th inst.

Dr. J. W. B., Tremont, Pa.—Meigs' Diseases of Women, and Brown's Diseases of Females, sent by Express, 15th inst.

METEOROLOGY.

May,	7,	8,	9,	10,	11,	12,	13.
Wind	E.	E.	S. E.	S. W.	S.	S.	S. W.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Clear.	Clear	Clear. Shw'r. T. & L.
Depth Rain							3-10
Thermometer.							
Minimum	55°	55°	61°	66°	55°	58°	58°
At 8 A. M.	58	59	65	66	63	64	66
At 12 M.	66	69	69	71	74	74	77
At 3 P. M.	69	71	72	73	73	76	78
Mean	62.	63.50	66.75	69.	65.75	68.	69.75
Barometer.							
At 12 M.	30.2	30.2	29.9	30.	30.1	30.	29.8

Germantown, Pa. B. J. Leedom.

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MEDICINE.

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The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

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SURGERY,
CHEMISTRY,
PHYSIOLOGY,
OBSTETRICS,
MATERIA MEDICA,
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A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. Lenox Hodge, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 483.] PHILADELPHIA, JUNE 2, 1866. [Vol. XIV.—No. 22.

Original Department.

Communications.

TRICHINÆ AND TRICHINOSIS.

By Ch. Eyrich, M. D.,

Of Newark, N. J.

In consequence of the recent repeated occurrence of a peculiar disease, caused by the introduction into the human body of parasitical animals called *trichinæ*, this subject has again attracted the attention of the profession; and, although I have no observations of my own to offer, a review of some of the leading facts connected with the growth, development, and migration of *trichinæ*, and the disease termed *trichinosis*, will perhaps be of interest. My sources of information are derived chiefly from recent publications in German.

Anatomy and Development of Trichinæ.

At a meeting of the Society of Physicians of Vienna, January 19th, 1866,* Dr. Wedl spoke at length on the anatomy and development of trichinæ. The first discoverer of trichinæ was Hilton, of England, who found them imbedded in the muscles of a cadaver, but believed them to be ecchynococci. In 1835, Richard Owen found in some muscles a worm, rolled up corkscrew fashion, which, from this circumstance, he named *trichina spiralis*.

Regarding the sexual development of these animals observers were for a long time in the dark. Siebold looked upon the muscular trichina as some other worm in an undeveloped state. Later, it was thought to be identical with trichostoma or filiaria. Virchow first recognized and described the true sexual development of this animal; Leuckart added to our knowledge of its anatomical relations, while Zenker, by his well-known case, shed light upon its pathological significance. Fuchs and Pagenstecher have since then contributed accurate anatomical descriptions of the animal.

It possesses an elongated cylindrical body, tapering toward the head, and thicker at the other extremity. This thread-like form has essentially caused it to be confounded with the filiariæ. Its skin is striped and curled. The digestive tube begins at the head, dilating in the centre into a sort of stomach, and terminating at the caudal extremity into an anus. At the anterior surface of the body there is an accumulation of cells, which might erroneously be taken for ovaries; more careful investigations have shown them, however, to be secretory organs, probably the sudoriific glands of the animal; at the posterior surface, on a level with the stomach, there are also glandular organs, in which probably the secretion of digestive fluids takes place.

The female, about a third larger than the male, possesses near the extremity of the head a tube representing a vagina; this dilates into a uterus, terminating in ovaries. In the uterus the ova are found imbedded, containing the embryones in capsule, and where they are brought to maturity; the trichinæ hence are animals giving birth to live offspring. The male presents at the caudal extremity a common cloaca, which separates into rectum and penis. A further examination of this cloaca leads to traces of a vas deferens, the vesicula seminalis, and the testicle. Coition is accomplished by the male winding itself around the female, and evacuating the semen into the vagina of the female. The development of the embryo takes place in this manner: That the contents of the ovum, at first containing but one granulated nucleus, after fruition separates into several yolky spheres. The embryo at first has a pear-shaped, subsequently a cylindrical form. After the living embryo has been discharged, the migration commences, and is particularly aided by the form of the animal. With its thin anterior extremity it makes perforating boring efforts, and in this manner it slides easily through the smallest interstices of the tissues. Commonly, the direction of travel is along the fibres of the areolar tissue. Exceptionally, it may happen that a trichina gets into the current of the blood, and is carried by it to remoter parts; as a rule, however, the muscles are reached in the manner first noticed.

Here a further metamorphosis takes place by

* Medic. Neuigkeiten.

its becoming surrounded with a capsule. Imbedded in this calcareous capsule, within the continuity of the muscular fibres, the animal continues to live and becomes sexually developed. If the incapsulated muscular trichina reaches the stomach, observation teaches that the calcareous capsule becomes dissolved and destroyed. But the animal, freed from its envelope, continues to live, propagates, and gives rise to trichinosis.

Mode of Migration, etc.

Dr. Fürstenberg, Professor of Zoölogy, and author of an excellent work on the acarus scabiei, has experimented since 1863 on the manner in which the embryos of trichinæ travel to their ultimate habitation in the primitive bundles of the voluntary muscles. The following are the main points of his researches:

The intestinal walls are always perforated by the trichinæ embryones, in order to reach their place of destination. But they do not always perforate the three coats of the intestines. A part of them pierce only the mucous and muscular coat, and then move along the connective tissue of the two laminæ of the serous coat, which form the mesentery, upward toward the spinal column, thence continuing their migrations to the muscles. Those embryos which perforate all three coats reach the free surface of the peritoneum, whence they start on their further journey.

As long as the migration of the trichinæ from the guts to the muscles lasted, trichinæ embryos were always found in the free space of the abdominal cavity. They were never found absent during the first thirty days of feeding the animals experimented on with trichinous meat, which confirms Virchow's and Leuckart's theory of trichina migration. Neither in the chambers of the heart, nor in the blood-vessels, have embryos or fully developed trichinæ been found, if the examinations were conducted with proper care. In blood coagula Fuchs has sometimes found trichinæ, but he could never convince himself that they had originally been there and not got there by accident.

The occurrence of trichinæ in the mesenteric glands is easily explained from the circumstance that the embryos, as stated, travel frequently between the layers of the mesentery upward toward the spinal column; hence they need not first enter the lymphatics in order to reach the glands situate between the lamina of the mesentery.

History, Pathology, etc., of Trichinosis.*

Zenker's case, fully described and analyzed in 1859, fixed the diagnosis of the disease, and soon other cases were recognized, and former anomalous cases of disease, which had been looked upon as typhous or blood intoxication, were recognized as cases of trichinosis.

In 1860, at Karbach, three persons sickened from the use of trichinous meat. A case occurred at Detmold, which was thought to be a case of poisoning. The first endemic broke out at Plaven; was observed and described by Bœhler and Kœnigsdœrfer, and here the diagnosis was settled by finding the muscular trichinæ through the means of harpoons. Nineteen or twenty persons sickened, of whom one died. Since then the Kingdom of Saxony, as well as the Province of Saxony, seem to have been the focus of infection. A case of trichinosis was also carefully observed and described by Friedreich, of Heidelberg. In 1863, a slight endemic occurred at Rügen. About this time Langenbeck's case attracted much attention. He extirpated a cancroid tumor from the occipital muscle, and in the tumor, when opened, *trichinæ* were found in large numbers. The origin of this trichinosis was traced back to a dinner party, at which the patient was present, nine years previously, and after which all the participants had sickened. At the time, the landlord had been accused of poisoning the wine. But this subsequent operation brought the whole event to a clear light. During the second half of October, 1863, a trichinæ epidemic broke out at Hettstädt, one of the most extensive and severest, which ever occurred. Of one hundred and fifty-nine cases, twenty died. This endemic has been minutely detailed, and it was remarkable, that while the compositors in the printing establishment at Hettstädt were engaged with Rupprecht's brochüre on the subject, a second epidemic broke out among them. Since then cases of trichinosis were observed at Leipzig, Berlin, Guedlinburgh, mostly traceable to the use of *raw* sausage meat. In Hamburg a sailor, coming from Valparaiso, sickened of the disease and died. From British India a case of trichinosis has been reported. At the close of 1865 the disease broke out at Hadersleben. The mortality here reached a very high figure. Of three hundred and three cases, ninety died; and twenty are yet reported to be down beyond hope of recovery. A remarkable feature in this endemic is, that fatal cases occurred as early as during the first week of sickening, while ordinarily, they do not occur before the third week.

* Dr. Röll's lecture before the Society of Physicians, Vienna.

This is owing probably to peritonitis, and intense lesion of the intestines, from the large number of trichinæ introduced. At the commencement of this year the endemic broke out at Wecksdorf, on the frontier of Saxony and Bohemia. Trichinosis was here demonstrated by harpooning. Küchenmeister discovered it in the case of a woman, Klob in that of a man.

The perforation of the intestines, and final perforation of the peritoneum, cause irritation of the intestines and peritoneum, which lead to inflammation. A careful study of Fürstenberg has led to the reason why these inflammations have been so differently estimated by various observers. In some animals on which experiments were made to determine the migration of trichinæ, and which died, the inflammation was found so slight, that it could not be considered as the cause of death; in such cases it is not improbable that when the intestinal walls were perforated lymphatics may have been opened into, through which morbid substances were conveyed into the current of the blood, causing death. The peritonitis was generally marked by the presence of a certain quantity of reddish, turpid liquid in the peritoneal cavity, and trichinæ embryos were found in this exravasation. Upon the free surface of the peritoneum, embryos were always found in greater or less number.

Symtomatology.

Regarding symptomatology Dr. Röll divides the disease into three stages: 1st, stage of immigration; 2d, stage of digression; 3d, stage of regression. Death may occur in the first stage from peritonitis and enteritis; in the latter stages, death generally ensues from metastatic pneumonia, in consequence of venous thrombosis. The pain in the muscles, and the flexed position of the extremities are characteristic, probably because the trichinæ possess a predilection for the flexors; furthermore, œdema in consequence of disturbances in the circulation.

Treatment.

Regarding *therapeutics*, the picrimic salts, oil of turpentine, benzine, and also various anthelmintics, have been found useless. The best effects were derived from cathartics, at the commencement, especially calomel, in large doses, up to a scruple; later, quinine and iron.

Etiology.

In regard to the *etiology* of trichinosis there is no doubt. It is positively known that the infection takes place by trichinous pork. To Kühn, President of the Veterinary institute at Halle, several questions were submitted, viz.

1st. Are there characteristic signs by which the trichinosis hog may be detected? The results of feeding hogs on trichinæ were, that the first appearances of trichinosis in swine were enteritis, colic, and slight paralytic symptoms of the posterior extremities; these symptoms are, however, by no means characteristic, and occur in other diseases to which the animal is subject. 2d. Kühn has determined by observation, that swine of every age and race, from the common hog to the best improved stock, may become trichinous. 3d. It was shown that trichinosis did not interfere with the process of fattening. Trichinæ were found in an animal which had been sold for seventy dollars. 4th. By harpooning, the diagnosis of trichinosis may best be ascertained. Regarding the relative frequency of trichinæ in the various muscles, Kühn has given a scale. They occur most frequently in the diaphragm, in the muscles of the loin, then in the muscles of the shoulder; less frequently in the tongue, the larynx, etc. It is remarkable that they never occur in the involuntary muscles, in the heart, or in adipose tissue.

Preventive Measures.

Regarding prophylaxis, the most careful cleanliness in raising stock cannot be too urgently recommended, although it can readily be seen how difficult this is with an animal which is as omniverous as the hog. Feeding powdered anthracite has not been found to be of prophylactic value.

Dr. Röll discusses the *measures of sanitary police* which government should employ to protect the people against the trichinæ disease. As it is well known that the hog is the only animal from which trichniæ are imparted to man, there are three means to protect against the danger of the disease.

1st. To completely forbid the consumption of pork. 2d. To admit only such pork for consumption as is positively known to be free of trichinæ. 3d. *To give to pork a preparation in cooking, by which the trichinæ which may be present are surely killed, and hence rendered inert.*

Regarding the first means it may readily be seen that such a measure, for many reasons, is impracticable, as pork forms the most frequent animal food of the population. Regarding the second, a general microscopical inspection of the meat, under supervision of the government, as advocated by Virchow, is hardly practicable. Thus, for instance, in Vienna, where annually about 90,000 hogs are killed, it would demand an extraordinary force of examiners to carry the measure through; and the difficulty is yet increased, if we consider that of 20,000 hogs hardly

one is found trichinous, even in countries where this disease occurs most frequently. An examiner, who for months in vain searches for an object, becomes tired out; and the correctness of such inspections could hardly be relied upon, aside from the fact that we do not yet possess abattoirs for hogs, and the inspectors would have to visit the houses of butchers, hotel-keepers, and private dwellings, to carry out the method. An imperative inspection of pork is hence considered impracticable.

But one method remains to ward off the danger of infection,—*by proper cooking, or preparation of the meat.* It can be assumed with certainty, that a temperature of 60° R. kills the trichinæ. In cooking large pieces of pork for a short time, and in rapidly roasting chops, or cutlets, the interior of the meat generally does not reach more than 48° R. The great object, hence, in the preparation of pork, is thorough and complete cooking,—rather too long than too little, and slowly rather than rapidly.

ON THE USE OF MINERAL SPRINGS,

Containing Bromine and Iodine, in the Treatment of Certain Diseases, with Reference to such Springs in the United States.*

By J. F. Koerper, M. D.,

Of Philadelphia, Pa.

The effect of mineral springs in the treatment of chronic diseases is well known. Thousands of people flock to these "fountains," for the restoration of health, without which life is often a burthen. For a considerable time, the "mineral water cures" were visited by persons suffering from all varieties of disease which had resisted the ordinary methods of treatment, under the vague impression that the efficacy of the water consisted in some magic power capable of healing all defects.

Many physicians even, surprised at the cures of some intractable forms of disease, were ready to ascribe to the "springs" some peculiar vitalizing influence, capable of rousing the last dormant energies of the human body. But physicians and patients were doomed to frequent disappointment, for the real nature of the springs was not understood, and consequently, no discrimination was possible as to the kind of cases likely to derive benefit from their use.

This uncertainty has been gradually removed by the progress of chemistry. Careful analyses have furnished us with a knowledge of the constituents which enter into the composition of the various mineral waters, and observation has enabled the physician to point out those which will heal or relieve certain impairments of health. Method has thus been introduced into this mode of treatment.

Experience has shown that, in the treatment of scrofula and its various manifestations, those springs have been most efficacious which contain iodine and bromine. Hence the great reputation which Kreuznach (Prussia) has acquired, and of which Dr. Suttro, an English writer, says: "In whatever form scrofulous disease may appear, whether the glands of the neck be swollen and indurated, or whether the eyes, ears, nose, mesenteric glands, or bones become affected, Kreuznach will be found highly beneficial," and further on: "It will be sufficient to convince ourselves that *Scrofula* forms the baseof the disease, in order to advise unhesitatingly a visit to Kreuznach."

These quotations and others that might be made from French and German writers, point chiefly to *Scrofula* as the greatest field of action of these mineral springs or their substitutes, prepared from their mother liquor and condensed salts. Large quantities of the concentrated liquor of this and similar springs are sent all over Europe, to enable persons, who, through pecuniary or other considerations, are prevented from visiting such localities, to obtain the benefit of those waters.

I have recently seen an article published by the Pennsylvania Salt Manufacturing Company, in the western part of this State, on what they term "Strumatic Salts," the analysis of which shows great similarity with the "salts of Kreuznach," obtained from the mother liquors of their salt-wells. According to the analysis which this Company furnishes of its salt, the iodides and bromides exist even in greater proportion in the strumatic salts, and the latter would seem at least to equal the Kreuznach salt in their remedial power.

Some of the forms in which scrofula manifests itself, and which are accessible to the action of this water, are: *Swollen and indurated glands* of the neck, proceeding sometimes to the formation of abscesses. These glandular swellings are among the most common manifestations of the disease. They become resolved, sooner or later, according to the previous duration of the complaint. Glandular abscesses, when present, heal under the action of the water, after their hard bases have become softened. Frequently, these swellings and abscesses remain unchanged for weeks, then suddenly grow markedly less,

* Based upon Dr. C. Engelmann's work on the Mineral Springs of Kreuznach.

again remaining stationary for a time, and thus on to the period of their complete cure.

In addition to the baths, local applications of the mother liquor, in the form of cataplasms or ointments, assist materially in the cure of painless scrofulous swellings, such as *goitre*, *enlarged tonsils*, if they have have not existed too long.

Scrofulous Enlargements of the Mesenteric Gland, with their attendant impairment of nutrition. Emaciation, flabby and wrinkled skin, mark this condition of children, who resemble aged dwarfs, and usually die with the symptoms of hectic fever. The torpid form in adults demands increased additions of the "salts."

Tumors and Indurations of the Female Breast, when these are not of the cancerous kind. Their previous *duration* chiefly determines the rapidity of their cure. In fact, this circumstance, more than the size of the tumors, influences the time necessary for their removal. Some require several courses of treatment.

Cancerous tumors are *not* healed by these baths, but become more accessible to the surgical knife, by the resolution of the surrounding hardened cellular tissue. The predisposition for a return of cancer, which in most cases renders surgical operations of such doubtful utility, seems also to be destroyed; for in a number of patients, who had submitted to the above mentioned treatment prior to the operation, there has been no return of the disease after the lapse of ten years.

Scrofulous affections of the Bones and Joints. These present some of the most obstinate and melancholy effects of scrofulous disease. They may appear as mere thickening of the periosteum, or in the case of joints, as degeneration of all their component parts, resulting, even under favorable circumstances, in stiffness and shortening. They require for their relief long continued treatment, combined with a carefully regulated diet. That peculiar form of osseous disease called rhachitis, or rickets, which consists in a defective development of bone, and results, when unchecked, in grave deformities of the spine, pelvis, and extremities, is most successfully treated by a methodical use of these baths, in conjunction with cod-liver oil, the reputation of which is already removed beyond dispute.

Diseases of the Generative Organs, of which scrofula is a prolific source, open to the healing powers of the "mineral waters," a truly beneficent sphere of action. The commencement of these affections is usually marked by menstrual irregularities. If these anomalies be not corrected, various disorders will follow, expressing themselves according to the locality which they have selected. The mucous membrane may be the seat of trouble, and morbid secretions (leucorrhœa, etc.) are the consequence; or the ovaries, and the structure of the uterus may undergo some morbid changes.

Scrofulous affection of the Nerves. Even the nerves are not exempt from the invasion of scrofulous disease. Facial neuralgia, sciatica, local paralysis, and paralysis of entire extremities, are some of the results. Without having undergone structural change themselves, the nerves may suffer in their functional integrity from the pressure exerted by adjoining deposits and tumors.

Affections of the Ear are accessible to this treatment, and may be healed when no destruction has occurred in those tissues which serve for the transmission and perception of sound; but when the impairment of hearing is caused by thickening of the membrana tympani, a swollen state of the mucous membrane and consequent closure of the Eustachian tube, etc., it may be removed. Discharges from the ear, (otorrhœa,) arising from the external meatus, are also healed, but require, at times, several seasons for their cure. The inhalation of vapor from the mother liquor, and snuffing a solution, properly diluted and warmed, act very well. The use of injections, especially in a concentrated state, require care.

Scrofulous diseases of the Eye. Scrofulous ophthalmia, marked by intolerance of light, produces structural changes often fatal to vision. Corneal ulcers and spots, the frequent results of scrofulous ophthalmia, heal much more readily, when to the proper local treatment the use of the bath is joined.

Affections of the Nares, in which the mucous membrane of the nose is chronically tumid, and its secretions sometimes changed to an offensive discharge. Direct applications of the water and inhalations of the vapor are important adjuncts to the baths.

Disease of the Respiratory Organs. The mucous membrane of the trachea and the lungs are the frequent seat of trouble in scrofulous subjects. When deposits have taken place in the structure of the lungs, a state often associated with scrofula and presenting that condition, which is but too well known as consumption, it is necessary to discriminate the stage of the morbid process. Only when this disposition manifests itself as dormant tubercle, without having given rise to marked constitutional symptoms, may we expect, as far as our experience reaches, a favorable result.

Diseases of the Skin. There is no class of affections, the successful treatment of which secures for its remedy so great a reputation as the diseases of the skin, especially when they disfigure the face: and it is to the cure of these that the "Kreuznach Springs" owe their celebrity as a water cure.

Dr. Kopp says: "I know no remedy more reliable in the treatment of this obstinate (herpetic) eruption than these baths,"—referring to baths prepared from the mother liquor and salts of Kreuznach. But these forms of cutaneous disease often require repeated courses of treatment.

Mode of preparing and applying the Baths.

The baths are prepared from the "salt," which is sent in cases. The directions given in the Company's pamphlet on the strumatic salts for its use, are to dissolve one to two pounds in a bath, with two to four pounds of common salt. But the tubs used for bathing being of different sizes, it is necessary to fix upon a certain quantity of water employed in a bath. Of the Kreuznach salts, four pounds, (converted into two Prussian quarts of mother liquor,) are dissolved in two hundred quarts of water.

Considerable care is necessary in adapting the strength of the bath to the vigor, constitution, age and temperament of the patient, and to the demands of the disease under treatment; weak and excitable subjects cannot bear strongly impregnated baths. Tumors and indurations require more concentrated solutions than the less localized affections of the lymphatic system. The limit of strength is indicated by a pricking sensation of the skin. Carried beyond this point the baths become positively injurious, by producing cutaneous and general irritation. In the majority of cases, even this limit should be avoided, and never be approached in the commencement; but the increase in the quantity of salt, when necessary, must be gradual, and is attained by making small additions daily, or less often, until the highest permissible degree of concentration is reached, which is kept up to the end of the course of treatment. It is taken for granted that the treatment is conducted by a physician, who is capable of watching the effects, and guarding against abuse, for the baths are never indifferent in their action. They either benefit or do harm; hence, healthy subjects, as well as improperly selected cases, would be injured by their use.

One bath a day is most generally sufficient. Exceptions to this rule occur in rare cases, where the skin is very inactive, or covered by eruptions. The duration of the bath is likewise governed by the state of the skin, the vigor and temperament of the patient. A very strong child may bear a longer bath than an adult weakened by protracted illness. A delicate lady, with a torpid skin, may remain in the bath much longer than a vigorous man, whose skin performs its functions properly. According to these different circumstances, the duration of the bath may vary from ten minutes to one and a half hours. The patient should lie in the water, and, execept his head, be completely covered by it. Motion is unnecessary. One of the most important points is the temperature of the bath, for the success of the treatment depends, in a great measure, on its proper regulation. The effects of the mineral constituents are most marked when the temperature of water exerts no influence on the pulse. The degree requisite for this object varies between 86 and 93 Fahrenheit, according to the circumstrnces above enumerated, of age, etc., and the patient's susceptibility for heat and cold. Nor is the state of the weather to be overlooked. Young and vigorous persons require lower degrees than aged people and children. Phlegmatic constitutions demand a more elevated temperature than excitable and sanguine persons. When rising from his bath the patient must be covered with a well warmed sheet, over which, in cold weather, an additional bathing gown may be thrown. While the upper part of the body is being dried, the feet should remain wrapped in a woollen cloth, to prevent taking cold. Gentle friction may be often employed with advantage. Being dressed comfortably warm, the patient should take rest for one or two hours.

Regularity in bathing is of great importance. No omissions, unless demanded by accidental reasons, should be permitted. The time of the day should also be observed, and not changed. Before or two hours after breakfast, is probably the best time. According to the nature of the disease, its cure may require one or more seasons; the summer being the most favorable, though not the only time. Six weeks may be regarded as an average period for one course. Some require less, others more time, to arrive at what is termed the "point of saturation;" which announces itself by a sense of discomfort, fulness of the head, lassitude, an aversion to the bath, which had hitherto been taken with pleasure, and at times by a persistent saline taste. A few days rest, including abstinence from all severe bodily and mental labor, are sufficient to remove these symptoms. But the effects of the treatment do not cease with its stoppage or sus-

pension; on the contrary, the most important results show themselves in the consecutive period. The reaction of the organism, and the effort to excrete morbid matter, continue to operate for some time,—even for months. Only imprudence, or accidental illness, are able to disturb these secondary effects.

As space will not permit a minute detail of dietetic rules, these may be summed up in a few words. Plain and wholesome food should be eaten. For scrofulous patients, milk, eggs, and a liberal amount of meat, is probably the best alimentary basis. The proportion of animal to vegetable food, required in these cases, is much greater than in healthy persons. Hunger is the best guide, but must be distinguished from the deceptive appetite created by artificial stimulation and a great variety of dishes.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SEVENTEENTH ANNUAL SESSION.

(Continued from page 410.)

Section of Medical Jurisprudence, Physiology, and Hygiene.

May 1, 1866.

The section was organized by the election of Dr. W. Jewell, Pennsylvania, Chairman, and Dr. A. N. Bell, New York, Secretary.

Dr. E. M. Hunt, New Jersey, read his report on *Disinfectants*.

Dr. T. Antisell, D. C., regarded the report as an able one in many respects, but at the same time not sufficiently elaborate, particularly in the special utility of dry heat for the destruction of fungi, resulting from the exposed excreta of cholera patients. In these cases disinfectants are chiefly applicable, and if means could be secured for the thorough application of heat to such accumulations, their poisonous effects would be obviated. Ozone and other disinfectants mentioned in the report, he thought of less importance and occupying too much prominence.

Drs. Traill Green, Pennsylvania, C. A. Lee, New York, E. R. Squibb, New York, J. F. Hibberd, Indiana, and others, took issue with Dr. A., regarding the report as sufficiently elaborate.

Drs. Hunt and Bell defended the report, as only intended as a resumé of facts on the subject, and regarded it out of the province of the committee to report upon the special indications for the application of disinfectants, etc.

The paper was referred to the Committee of Publication.

On motion, Dr. Thomas Antisell, District of Columbia, was appointed a committee to prepare a report on the *Causes of Epidemics*.

Dr. S. Littell, of Pennsylvania, then presented his paper on the *Influence of Electricity on Epidemics*, which, having been discussed at last year's section, was referred to the Committee of Publication.

Adjourned.

May 2*d*. Chairman presiding.

Dr. B. F. Craig, District of Columbia, read a paper on the *Use of Permanganate of Potassa for the Purification of Water, and especially during the Prevalence of Epidemic Cholera.*

Drs. Lee and Squibb discussed the points, that the disinfecting agent in this and allied substances was ozone. According to the latter, the power of disinfectants, with a few exceptions, as charcoal and other absorbents, can be measured in a certain degree by the facility with which they give out or abstract oxygen. The paper was defective in that the author assumed that the organic matter present is the cause of cholera, and that he took no note of the deposit of carbonate of potassa that would occur, even to a mischievous degree, by the use of this article. However, on the whole, the paper should be regarded as a contribution to the important subject of disinfectants.

It was referred to the Committee of Publication.

Compulsory Vaccination was then discussed by Dr. Bell, who, while he regarded the literature of the subject exhausted, considered the field still large for the purpose of the Committee on that subject, namely, the diffusion of information among the people, and his chief object in opening this subject was to elicit the expression of the section as to the best means to be employed. In the Southern States especially, a new field was now open for reaching a large number of persons requiring vaccination or revaccination, in order to check the ravages of variola, and he hoped that some of the gentlemen present would be able to assist the committee in devising means for this purpose.

Dr. W. M. Charters, Georgia, described the terrible ravages of variola among the negroes at Savannah, on the arrival of Gen. Sherman's army, and attributed it not to any want of a correct appreciation of the utility of vaccination, but to the imperfect manner in which the operation was performed. It was the practice, to a great extent, to commit this matter to unprofessional persons. In the Southern States especially, masters and overseers thought themselves equally competent with physicians for so simple an operation. But the result justified the conclusion that the disease they communicated was frequently a vaccinoid sore only, and not vaccinia. The operation was performed more with reference to the production of a sore than anything else, and that was regarded as the prophylactic, until exposure proved the contrary. In other cases, however, and these were by no means insignificant, vaccination had been well performed, it had taken perfectly, but the susceptibility not having been exhausted, the individual was yet liable. He therefore advocated exhaustive vaccination. Repeat the operation till it ceases to produce an impression, and he believed susceptibility to variola would be destroyed for the whole lifetime of the patient. To accomplish this, he believed in the necessity of compulsory

laws, requiring every person to be thoroughly vaccinated, under such penalties as would ensure compliance.

Drs. Lee and Hibberd referred to ineffectual State laws on this subject, and also to the no less ineffectual laws of England, and thought that something more was required.

Dr. A. Nebinger, Pa., did not believe that such laws could ever be made effectual in this country, and thought that the work of the committee, was to diffuse information, which, so far as vaccination without danger, or a belief in its prophylactic powers was concerned, was effectual; it only now need be pressed to the equal necessity of *re*-vaccination. On the necessity of *re*-vaccination, he knew there were yet many physicians and a multitude of other people needing information. He cited several cases in illustration. He hoped that the committee would be continued, and that every member of the section would do his utmost to press upon the attention of the profession and the public, the facts that had been already presented in the last year's report.

Dr. J. M. Toner, D. C., expected much good to result from registration, a subject that was now attracting much attention, and when it was so far advanced that correct information could be gained as to who was and who was not vaccinated, he thought that one great obstacle would be removed —the necessity of universal vaccination would be so much more apparent that the purpose of the committee would be much facilitated.

On motion, the section recommended that the committee be continued.

Dr. C. A. Lee introduced *Leakage of Gas-pipes*, as a subject well worthy of the consideration of the section, and of the Association.

On motion, Dr. J. C. Draper, of New York, was requested to prepare a report, for the next session of the Association, on that subject.

Adjourned.

May 3d. The report on *Alcohol and its Relations to Man*, by Dr. G. E. Morgan, of Maryland, was presented, and in part read by Dr. J. R. W. Dunbar, member of the special committee with Dr. Morgan.

After some discussion, it was agreed that the report presented by the committee, and the subject, be referred to a new committee, to report at the next session, to consist of Drs. J. R. W. Dunbar, of Maryland, Thomas Antisell, District of Columbia, and N. S. Davis, Illinois.

Adjourned, *sine die*.

The Surgical Section

met at the Dental College, corner of Hanover and Lombard streets, May 1st, 1866, at 3 o'clock, P. M.

Dr. Alfred C. Post, of New York, was elected Chairman, and Dr. J. H. Hobart Burge, Secretary.

There being no report of the papers which had been referred to this section, on motion, the section adjourned, to meet again in the same place at 3, o'clock, P. M., on Wednesday, 2d instant.

May 2d. Dr. Post in the chair.

Dr. J. Solis Cohen, of Philadelphia, offered a paper by Dr. J. M. Boisnot, of the same city, on *Fracture of the Patella*, and exhibited an apparatus for its treatment. The paper was referred to the Committee of Publication.

Dr. J. S. Cohen read a paper on *Vocal Paralysis with Aphonia*, cured by the application of stimuli, and by the use of what he called vocal gymnastics, the paper was referred to the Committee of Publication.

Dr. J. J. Woodward, U. S. A., chairman of Committee on *Causes and Pathology of Pyæmia*, presented a very elaborate paper. The section listened for nearly an hour, when several members expressed their great interest in the communication, but owing to the shortness of the session, the further reading was dispensed with, and the paper referred to the Committee of Publication.

Dr. Woodward also presented some very beautiful photographs, illustrative of the success attained in micro-photography. In these specimens, microscopes of very differing powers had been used.

Dr. Post, of New York, exhibited an original instrument for the bi-lateral operation of lithotomy.

Dr. J. C. Hutchison, of Brooklyn, said he had used the instrument with satisfaction, and therefore moved that Dr. Post be requested to furnish a description for publication in the Transactions of this Association. Adopted.

Dr. Post presented also a new instrument for making applications to the os uteri. It consists of a straight and rather slender pair of forceps, made short for convenience of carrying, but when in use, elongated by a handle screwed thereupon. By a slide upon the forceps, the blades are approximated and made to close firmly upon any object. The Doctor observed that it might be used either as a forceps to hold any substance which the operator might wish to apply, or to remove extraneous substances from the vagina.

Dr. Post also presented a small instrument to facilitate the introduction of insect pins for sutures, some of these pins being so delicate that, without such a guide, they bend and become useless. The instrument consists of a sharp-pointed, slightly-curved, grooved needle, the groove being in its long axis. In its employment, the needle is to be introduced to the very position which the pin is intended to occupy. The pin is then guided by the groove, carried to its place, and held there while the needle is withdrawn in the backward direction.

Dr. H. R. Storer, of Massachusetts, presented an instrument which he called "The Clamp Shield," designed by him to lessen the dangers of *Extirpation of the Uterus by Abdominal Section*, and read a paper on the subject, which was referred to the Committee of Publication.

Dr. J. C. Hughes, of Iowa, reported a case of vesical calculi, in which he had four times performed the bi-lateral section in the same patient. When the second operation became necessary, lithotrity was attempted, but failed. At the time of the third operation, the patient was much emaciated and very feeble. Yet he recovered perfectly. In less than a year, the fourth operation was demanded, when twelve calculi were removed. Drawings of these accompany

the paper. Dr. Hughes spoke highly of the bilateral as compared with the lateral operation, having performed it twenty-one times, with the loss of but a single patient. The paper was referred to the Committee of Publication.

Dr. Hughes also spoke of a new method of operating upon limbs which were both curved and shortened. He said Barton's mode was to saw out a V-shaped portion of the bone on its convexity, but as Dr. Hughes wished both to straighten and lengthen the limb, he cut *down* on the convex side, and passing a chain-saw around the bone, made a partial section on the side of its concavity, and then used such manual force as was necssary to straighten it, thus leaving a chasm to be filled, instead of losing an additional inch.

On motion, Dr. Hughes was requested to write a description of the operation, for insertion in the Transactions of this Association.

Adjourned.

May 3d. The Surgical section met at the appointed hour. Dr. Post in the chair.

Dr. Lewis A. Sayre, of New York, moved that Dr. Post be requested to furnish, for the Transactions of this Association, a description of his grooved needle previously exhibited. Dr. Sayre thought the thanks of the profession were due to Dr. Post, for this unpretending but eminently useful instrument. Unanimously adopted.

Dr. Sayre then read a paper on *Luxation of the Femur into the Ischiatic Notch*, of nine months' standing, reduced by manipulation. Referred to Committee of Publication.

Dr. De Witt C. Enos, of New York, read a paper on the *Intra-Oral Method of Operating for Removal of the Lower Jaw*. Referred to Committee of Publication.

Dr. George M. McGill, U. S. A., presented a paper advocating the adoption of a *Periosteal Flap in all Amputations in Continuity*, including a report of five cases. The Doctor exhibited casts of two of the stumps after these operations, which were beautifully oval. Referred to the Committee of Publication.

Dr. Enos thought the suggestion of Dr. McGill a good one, but in one case in which he had made a periosteal flap in his own practice, there had been such a reproduction of bone as to necessitate a second operation.

Dr. Louis Elsberg, of New York, read a paper on the *Means of Diagnosis at present Available in Diseases of the Larynx*, with full directions for the use of the laryngoscope. Referred to Committee of Publication.

Dr. B. J. Raphael, of New York, stated that Dr. Montrose A. Pallen, of Missouri, made a partial report, in 1860, on the *Various Surgical Operations for the Relief of Defective Vision*, and moved that the committee be renewed. Carried.

On motion of Dr. Raphael, Dr. E. Krackowitzer, of New York, and Dr. J. S. Cohen, of Philadelphia, were appointed a committee to report on the subject of *Local Anæsthesia*. Dr. Post made some remarks on the subject of partial anæsthesia and the coöperation of the intelligent patient with the practitioner.

On motion of Dr. B. J. Raphael, Dr. Henry D. Noyes, of New York, was appointed a committee to report on the *Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye.*

On motion of Dr. E. Krackowitzer, of New York, Dr. Raphael was appointed a committee to report on the *Comparative Merits of the Different Operations for the Extraction of Vesicular Calculi.*

Whereupon, the section adjourned.

J. H. Hobart Burge, *Secretary.*

Section on Practical Medicine and Obstetrics.

May 1st.

The section met at the Dental College, corner of Hanover and Lombard streets, at 4.15, P. M.

Dr. Lake I. Tefft, of Syracuse, N. Y., was elected Chairman, and Dr. W. B. Bibbins, of New York, Secretary.

Dr. Henry D. Holton, of Vermont, read the Report of the Committee on Diphtheria, as it had occurred in the United States.

On motion, the report was referred to the Committee of Publication.

On motion of Dr. M. Hall, Ohio, the Secretary was directed to report as concisely as possible, the remarks made by members during discussions upon reports, and all other papers.

Adjourned.

May 2d. Dr. L. I. Tefft in the chair.

The section met at 3.45, P. M. The minutes of the last meeting were read and approved.

Dr. James J. Levick, of Philadelphia, read the report of the special Committee on "So-called Spotted Fever." The report was referred to the Committee of Publication.

Dr. J. Solis Cohen, of Pennsylvania, read a paper entitled "Remarks on the Inhalation of Nebulized Liquids, and their Topical Application to Inflamed and Ulcerated Surfaces."

On motion, the paper was received.

Dr. J. E. Clawson, of Delaware, moved that the section appoint a special committee on the *Therapeutics of Inhalation*, to consist of three members, and that the paper of Dr. J. S. Cohen, just read, be referred to that committee. Adopted.

The Chairman appointed as such *Committee*—Drs. J. Solis Cohen, Philadelphia; J. M. Da Costa, do.; L. Elsberg, New York.

May 3d. The section met at 1.45, P. M.

In the absence of the Chairman, Dr. Ellsworth Eliot, of New York, was elected Chairman, *pro tem.*

The minutes of the last meeting having been read and approved, the section adjourned *sine die.*

Wm. B. Bibbins, *Secretary.*

Section on Chemistry and Materia Medica.

Dr. Wm. B. Atkinson, of Pa., was elected Chairman, and Dr. Augustus Mason, of Mass., Secretary of the section.

But one paper was presented to this section, which was by Dr. A. Mason, Mass., on the *Use of Aluminum as a base for Artificial Teeth*, as a substitute for gold and other metals, and red vulcanite.

Dr. Mason exhibited specimens of teeth thus mounted, and the paper was referred to the Committee of Publication.

During the remarks on this subject, it having appeared that various substances of a noxious nature were in constant use by dentists, a committee was appointed to report at the next annual meeting, on the Deleterious articles used in Dentistry.

Committee—Drs. Augustus Mason, Mass.; H. H. Pillsbury, Mass.; A. K. Gardner, N. Y.

Adjourned. Augustus Mason,
Secretary.

Section of Meteorology, Medical Topography, and Epidemic Diseases.

The section was called to order at 3½ o'clock, P. M., May 1st, 1866. Dr. B. H. Catlin, of Conn., was chosen Chairman, and Dr. N. S. Davis, of Ill., Secretary.

A letter from Dr. R. C. Hamil, of Chicago, member of the Committee on Meteorology and Epidemics for the State of Illinois, was presented to the section, stating that important progress had been made in preparing a report, and asking for further time to complete it. On motion of the Secretary, Dr. Hamil was continued a member of the committee another year, and requested to report complete at the next annual meeting of the Association.

The following resolution was offered by the Secretary, and after some remarks on the importance of the several sections of the Association, and the necessity of their perfecting a more permanent and systematic organization, it was adopted as follows:

Resolved, That the section on Meteorology, Medical Topography, and Epidemics, appoint a committee to prepare rules for the permanent organization of said section, with instructions to report at the opening of the section to-morrow.

Drs. N. S. Davis, of Illinois, and B. H. Catlin, of Conn., were appointed said committee.

On motion, the section adjourned to 3 o'clock, P. M., to-morrow.

Wednesday, May 2d, 1866.

The section was called to order at 3 o'clock, P. M., Dr. B. H. Catlin, in the chair. The minutes of the meeting on the previous day were read and approved.

Dr. N. S. Davis, from the committee appointed to report rules for more efficiently organizing the section, reported as follows:

By-Laws of the Section of Meteorology, Medical Topography, and Epidemics.

1st. The officers of the section shall consist of a President and Secretary, who shall continue their office one year, and until their successors are elected.

2d. The Secretary shall keep a fair record of the doings of the section, with an abstract of all discussions of papers and questions acted upon by the section, and report the same to the Association, or to the Permanent Secretary of the Association, within thirty days after the adjournment of each annual meeting.

3d. When any report, paper or question is read to the section, it shall be subject to a full discussion, but no member shall speak more than once on the same subject, until all others who wish to speak have been heard.

4th. Every report or paper referred to the section shall receive a sufficient examination, to determine fully its contents and merits, before it can be recommended for reference to the Committee of Publication. And whenever reports or papers are presented of such length and nature that the section cannot give them the necessary examination during the limited time of its annual sessions, it shall refer them to a sub-committee, with instructions to complete their examination, and report the result to the Permanent Secretary of the Association, within thirty days after the adjournment of the annual meeting.

5th. It shall be the duty of the section to select such topics for original investigation, and refer them to special committees, as will be best calculated to increase our knowledge of those departments of medical science placed in charge of the section.

On motion, the report of the committee was accepted, and the foregoing rules adopted unanimously.

The Secretary stated that a paper had been referred to the section for consideration, on the "Etiological and Pathological relations of Epidemic Erysipelas, Spotted Fever, or Cerebro-Spinal Meningitis, and Diphtheria," by Dr. N. S. Davis, of Chicago, Illinois.

The reading of the paper having been called for, it was read in full by the author. It was listened to with interest and attention; and the allusions in it to the etiology of epidemics generally, led to a very interesting discussion of the question, of how far *local meteorological and sanitary* conditions influence the origin and spread of epidemic cholera?

Dr. Woodward, of Fort Wayne, Indiana, said that sporadic cases of genuine spasmodic cholera occurred in his locality every summer. He stated that two cases came under his observation during the summer of 1865, presenting all the phenomena of true cholera, as perfectly as he had ever observed in the midst of an epidemic of that disease. He thought epidemics usually originated from an exaggeration of the same local influences that gave rise to sporadic cases, as suggested in the paper just read.

Dr. Worthington Hooker, of New Haven, Connecticut, stated that he had seen cases of real cholera during its epidemic prevalence, so perfectly disconnected from all other cases, that contagion or communication was not possible. He could attribute such cases to no other than local causes. He stated that there appeared to be three theories in relation to the origin and spread of cholera. The first was that which made it depend entirely on a specific poison of a contagious and portable character. The second made the disease depend upon an infectious poison or miasm, capable of acting only when there are special local qualities of the atmosphere favorable for its action or increase. The third attributes its origin and spread exclusively to local meteorological and sanitary in-

fluences. His own convictions were, that in periods when the cholera prevails as an epidemic, certain unexplained telluric influences are added to local causes, which render the latter more active, and gives to the disease greater tendency to spread from place to place with some regularity.

Dr. Stockwell, of Michigan, gave an interesting account of the prevalence of epidemic cholera on one side of the St. Clair river, during the summer of 1854, in a limited district, while the other side of the river and surrounding places were exempt, though intercourse remained entirely unobstructed. In the district where the disease prevailed, the soil was level, and immediately underlaid with tenaceous clay, thereby preventing ready escape of the surface water, and exerting an influence on the electrical condition of the atmosphere. The soil on the other side of the river was sandy and porous, allowing of the most rapid percolation of water.

Dr. N. S. Davis, of Illinois, remarked that we were yet without the data necessary for determining with certainty either the origin or mode of spread of cholera. If we accept one series of facts, and confine our attention to them, we shall be led directly to the doctrine of contagion and portability. If we accept another series of facts, equally well established, we shall be just as certainly led to the conclusion that cholera arises from local causes. But if we examine critically the circumstances claimed as facts in either series, it will be found that a large proportion of them have been so imperfectly observed, or recorded in such careless general terms, that they are of very little value. He had participated actively in the study and treatment of five different epidemics of cholera, and so far as his own observations were concerned, they led him directly to the conviction that the disease neither travels from country to country, nor propagates itself by contagious virus, or infectious dejections. He mentioned many facts of interest, but claimed that we could not settle definitely the origin of epidemics until more systematic meteorological and sanitary records were kept from year to year, in connection with equally exact records of the prevalence and specific character of diseases. When this has been done long enough to cover the periodical return of two or three epidemics, we shall be able to command all the elements necessary for a comparison, *etiologically*, of epidemic seasons, with those which precede and follow.

Then, and not until then, can we, with confidence, deduce such conclusions as should guide, both the profession and the municipal authorities, in the adoption of sanitary laws.

On motion of Dr. Wilson, the paper that had been read to the section, was referred to the Committee of Publication.

The following resolution was offered by Dr. Davis, and adopted, viz.:

Resolved, That the Secretary of this section be requested to enter into correspondence with the members of the Committee on Meteorology and Epidemics in the several States, and such other persons as he may think proper, for the purpose of establishing a uniform system of meteorological and sanitary records, embracing the thermometric, barometric, hygrometric, electric, and ozonic conditions of the atmosphere; the topography; and the sanitary conditions: in connection with a coincident record of the kind, special character, and extent of the prevalent diseases, at representative points throughout the whole country.

On motion the section adjourned.

N. S. DAVIS, *Secretary.*

Section on Psychology.

May 2d.

The members of the Section on Psychology unite in the recommendation that the subject of insanity be again referred to a committee, for a report at the next meeting of this body, and that Dr. Isaac Ray, of the Butler Hospital for the insane, at Providence, R. I., be that committee, if the rules of the Association will allow of a committee of *one*, or, if the committee must be larger, that he be the chairman thereof.

CLEMENT A. WALKER, *Chairman.*

Committee on Insanity.—Drs. Isaac Ray, Rhode Island; Wilson Lockhart, Indiana; W. P. Jones, Tennessee: W. H. Stokes, Maryland; A. B. Cabaniss, Mississippi.

PATHOLOGICAL SOCIETY of NEW YORK.

Orbital Tumor;—Injury and Destruction of Eye, Extirpation;— Two cases of Heart Disease, sudden Death;—Tumor of the Upper Jaw, removal, death.

Among the specimens presented before the Society, at its meeting, May 23d, were the following:

Tumor Removed from the Orbit.

Dr. MARKOE presented this specimen for a candidate. The tumor had been removed April 23d, 1866, from a patient, 58 years of age, born in Ireland, by occupation a coachman. Some time previous, one morning, on rising, he found one eye swollen and larger than the other, without any cause, having received no injury, nor having had any trouble with the eye. Since that time the eye has always been larger and subject to inflammatory attacks. When he presented himself for examination, an orbital growth was found to exist—a hard, elastic tumor—occupying the lower and internal angle of the orbit. The ophthalmoscopic examination showed no structural change in the globe.

The patient was etherized and the growth removed. It was imbedded in the cellular tissue of the orbit, ovoid in shape, one inch and a half in its longest, and five-eighths of an inch in its shortest diameter, of dark color, containing a large amount of blood, and under the microscope presenting polygonal cells, with pale body and large nuclei, connective tissue, and in its soft

portion spindle-shaped cells. In some parts of the tumor fatty degeneration had commenced. The tumor belongs to the class of fibrous recurrent tumors, or answers to the glandular sarcoma of Virchow.

The wound healed by first intention.

Injury and Destruction of Eye; Extirpation.

Dr. Noyes presented an eye, which he had removed from a young man, 20 years of age. He had lost the eye, four years ago, by the explosion of a gun-cap, a fragment of the cap penetrating the eye and severe inflammation following; destroying the use of the organ. He had no further trouble with the organ until six weeks ago, when inflammation occurred in the interior of the globe, during the progress of which the lens appeared to come forward, while the opacities which had existed were increased. There was very severe pain, and the patient became much reduced in health. The presumption was that a fragment of the cap had remained in the eye, and extirpation of the organ was performed.

On examining the globe, there was hyperæmia of the optic nerve, the cornea transparent, and traces of the crystaline lens still existed. The choroid was separated from the sclerotic by effusion; there was also effusion between the choroid and retina, and the latter was entirely detached, a band reaching from the effusion to the shrivelled retina. No fragment of a percussion cap could be discovered in the eye, and the inference is that it entirely perforated the globe, and probably became imbedded in the orbit.

Two Specimens of Heart Disease, both from Cases of Sudden Death.

Dr. Finnell presented, for Dr. John Beach, two specimens of heart disease, of which, however, no accurate previous history could be obtained.

The first specimen was taken from a man, about 60 years of age. It was stated that, some days before his death he had been ailing, and had written to this effect to some friends. He had been able to walk about, however, and had gone to the Eastern Dispensary, where he was inscribed under the class of "head and abdomen." The day on which he died, he suffered very severely from thirst, and on going from the yard up stairs, with a pitcher full of water, he suddenly died, being found dead on the stairs.

The post mortem examination revealed no lesion worthy of notice, except the heart. The aorta, several inches upward, to near the innominata, presented, on its internal surface, distinct signs of acute inflammation. It was intensely and beautifully reddened. The pericardium was adherent throughout, but this was an old affair.

The question was raised, as to the intense reddening of the internal surface of the aorta being the result of inflammatory injection or simply of imbibition, Dr. Markoe contending that there were no vessels supplying the lining coat of the artery which could produce such a striking and abundant reddening. Dr. Sands thought it certain, from the peculiar, roughened, velvety feel of the aortic surface, that an inflammatory process had taken place, the epithelium being cast off. Dr. Post remarked that intense reddening from inflammation is not unfrequently observed in tissues which have very little vascularity, such as the cornea, etc.

The *second* specimen was obtained from a man, 65 years of age, who was noticed by his friends to be apparently in good health. Three years ago, he had been very intemperate, but since then had reformed and been very regular in his habits. He was taking dinner at a friend's house, and had been joking about making a will, when he was noticed leaning his head forward, and suddenly expired.

On *autopsy*, the aortic valves were found covered with lymph and atheromatous deposit. The main lesion, however, consisted in *complete ossification* of the coronary artery, which was entirely blocked up and impervious. There was no alteration on the right side of the heart.

Tumor of the Upper Jaw; Removal; Death.

Dr. Buck presented a tumor, which had been removed last week, at St. Vincent's Hospital, from a patient, 38 years of age. The tumor had occupied the mouth, and originated in the alveolar portion of the right upper maxilla. It filled the mouth completely, depressing the tongue deep down to the floor of the mouth, and pressing the teeth of the opposite side outward.

The tumor entirely concealed the roof of the mouth, and it was impossible to pass a probe between the two. The forefinger, when introduced to trace the extent of the growth, could with difficulty reach the bottom of the tumor in the fauces. It extended below the margin of the lower jaw on the right side, causing bulging of the right submaxillary region. Posteriorly, it bulged into the parotid region, and had in some degree pressed the jaw outward. The tumor was exceedingly hard and firm.

The patient was able to masticate, and deglutition was not interfered with. There was no affection of the general health, but the growth of the tumor had been more rapid during the past winter. Its first origin could be traced

back five years ago, when the patient experienced some difficulty in swallowing, and soon afterward the tumor was recognized. It had not encroached upon the orbit, and did not extend far into the antrum. The mucous membrane of the mouth remained natural.

The operation for removal of the tumor was performed after the patient had been placed under the influence of ether. It was observed that, very soon after the ether began to have its effect, the pulse became depressed, and remained so during the operation. A considerable amount of blood was lost, and from its getting into the air-passages, it became necessary, during the operation, to perform tracheotomy. There was great difficulty in dislodging the tumor from the side of the lower jaw.

After the operation the patient was much depressed, and stimulants were at once administered. But up to 8—9 o'clock, P. M., there had been no reaction. The next morning the temperature of the body had been reëstablished, but the pulse was still hardly perceptible, and in the afternoon the patient died. From the early manifestation of the depressing influence of the ether upon the patient, Dr. Buck thought that had ether been withheld, the patient might perhaps have struggled through.

Tumor of Uvula. Fibrous Tumor. Cancer of the Breast.

Prof. Post presented a small tumor of fibro-cellular structure, which had been attached to the right side and root of the uvula, deflecting it to the left.

The same gentleman also presented a fibrous tumor, which he had removed from the left gluteal region of a man, 50 years of age, healthy; tumor of two years' growth. It was situated behind the great trochanter. There was a similar, but smaller, tumor on the other side, symmetrical in position with the one removed.

Also a specimen of carcinoma of the breast. It was interesting from the very large number of cancer cells which it presented under the microscope.

Tubal Pregnancy.—Death.

At a recent meeting of the Chicago Medical Society, as reported by the *Chicago Med. Journal*, Dr. Fisher presented the uterus, ovaries, and fallopian tubes, taken from a woman who had died from the effects of tubal pregnancy. The patient, in her fifth pregnancy, was suddenly and without warning seized with most violent pains in the abdomen,, with great prostration and intense desire to evacuate the contents of the bladder and rectum. She sank rapidly, and died in eight and a half hours.

The autopsy revealed the rupture of a small artery, from which had been discharged into the perineal cavity eight pints of blood, nearly one-half of which was coagulated. In the left tube was found a fœtus about one inch and a half in length. The uterus was of its ordinary unimpregnated size, and was not lined with the membranes of pregnancy.

Reviews and Book Notices.

The Transactions of the American Medical Association. Instituted 1847. Vol. XVI. Philadelphia: Printed for the Association. 1866.

This volume of the Transactions is at least equal in value to most of its predecessors. A great improvement has certainly attended the admission of carefully prepared essays upon various professional topics, instead of the often tiresome and nearly as often useless round of reports upon meteorology and epidemics. Of such reports, we find but two in the present volume; one of them, that upon California, by Dr. Logan, really interesting and valuable, because of the marked peculiarities of that to us distant State. Dr. Catlin's report upon Connecticut is chiefly occupied with the local history of spotted fever; which he prefers to call sinking typhus, or typhus syncopalis. It will be read with interest.

The address of the President, Dr. N. S. Davis, is simple, practical, and very much to the point. Having watched the history of the Association from its initiation to the present time, few could ask with more anxiety the question, "Has it made so little progress in the accomplishment of the important purposes for which it was organized, as to demonstrate its inutility, or to create a well-founded doubt of its ultimate entire success?" This he answers, without prejudice, but decidedly, in the negative.

Dr. Davis believes that to the influence of the Association, chiefly, is owing the lengthening of the terms of lectures in the medical colleges, and the almost universal increase of attention to clinical instruction. Nor does he consider that the same influence has been at all without fruit in the progress of medical science and literature in this country.

Socially, moreover, the success of the organization has been all that the most ardent could desire. It has, as Dr. Davis remarks, removed

local prejudices and sectional jealousies, and awakened everywhere liberal hospitality and cordial friendships. These results are surely far from unimportant. If we add to them the effect of the Association in sustaining and elevating the tone of medical ethics everywhere, we may well agree with Dr. Davis, that no one should allow any doubts or discouragements to prevent his giving the Association active and persevering support.

Much of the address is devoted to some practical suggestions as to the further improvement of the working of the Association. The attempt to crowd the educational, scientific, ethical, and social interests of the profession all into a few days of action and discussion, has produced much embarrassment and some disappointment. The division of the Association into Sections, meeting separately, has thus been of great advantage. Dr. Davis well urges the propriety of occupying all the afternoons and evenings of the session, except one, with scientific labors; reserving one for social enjoyment and hospitality.

Further suggestions are made as to the mode of disposal of reports and other papers; aiming at improvement in quality, with some reduction in quantity, of the Transactions. Such is obviously demanded, according to the views of the Committee of Publication, and of the Treasurer, as set forth by the latter officer in the following language: "The Association must either furnish material that the profession is willing to purchase at the cost of printing, or abridge the material which it receives so as to enable the Treasury to pay for its publication." The cost of printing the XV. volume of the Transactions was, with the Prize Essay and other necessary expenses, $2100. Eighty-five copies only of it were sold in the year, among the three thousand permanent members.

The section of Practical Medicine and Obstetrics furnished to the present volume two papers. The first is by Dr. A. Fisher, of Chicago, upon the Use of the Sulphites in Zymotic Diseases.

The conclusions reached are confirmatory of those of Prof. Polli, of Milan. Dr. Fisher asserts, upon his own experience, that the sulphites of soda and lime may be taken in considerable quantities, without disturbing the stomach, and with the effect of preventing the deleterious action of the poison of erysipelas, pyæmia, etc., until elimination has occurred; this effect being at first imperceptible, but, after a day or two, becoming manifest in an improvement of the general condition and excretions.

Next comes a Treatise, of 135 pages, on Insanity of Women, by Dr. H. R. Storer, of Boston. The idea which pervades and animates this report, or essay, is, the mental influence of sex in women. Thus (pp. 168–9):

"Van Helmont was not far wrong when he contended that woman was what she is, in health, in character, in her charms, alike of body, mind and soul, because of her womb alone. Nor am I so far wrong, I candidly believe, in attributing the major part, not all, of her characteristics in disease, mental as well as bodily, also to this self-same womb."

The Report of the Section on Medical Jurisprudence and Hygiene, embodies four papers. First, the Report of a Committee on the Value and Necessity of Vaccination and Revaccination for the Eradication of Small-pox. This is signed by Dr. A. N. Bell, of Brooklyn, and four others of the Committee. It is a well compiled and condensed statement of important and practical facts and conclusions; showing that vaccination is almost a perfect preventive of death from small-pox, while 40½ per cent. of vaccinated persons are protected against variola and varioloid for life. Revaccination is made proper by the proofs that immunity is complete, before twenty-five years of age, only for seven years, and after that time somewhat longer. Vaccination, once in five years, is advised during epidemics of small-pox.

A very interesting paper follows, by Dr. A. Nebinger, upon the Pathology and Treatment of Small-pox. The views so well urged by this gentleman, as to the need of the supporting treatment in small-pox, are familiar to the readers of the Reporter.

Dr. Toner, of Washington, D. C., contributes a paper upon *Compulsory* Vaccination; which he justifies as a right and duty of municipal authorities. How would it do, by the way, to encourage vaccination by a *premium* upon it? We remember to have seen, in the streets of Paris, a placard upon the walls, offering from the municipality a reward of three francs for every infant brought to the proper place for vaccination.

Dr. A. N. Bell furnishes a short but interesting paper upon the Introduction of Disease by Commerce, and the Means for its Prevention. The burden of it is to show the predominant importance of *epidemic foci*,—which are to be done away with by civic cleanliness; while disinfection also aids in preventing the introduction of disease.

The Report of the Section on Surgery contains, first, an interesting essay on Fissure of the Soft and Hard Palate, with operative procedures,

illustrated by plates, by Dr. J. MASON WARREN, of Boston. Next, Dr. SAYRE's paper on the Mechanical Treatment of Chronic Inflammation of the Joints of the Lower Extremities; illustrated by wood cuts. Then a case of Exsection of the Wrist-Joint, by Dr. S. H. TEWKSBURY, of Portland, Maine; and a short paper on Dislocation of the Sternal End of the Clavicle, by Dr. H. D. HOLTON, of Vermont.

Practical Observations in Ophthalmology, by Dr. E. WILLIAMS, of Cincinnati, are interesting; and so is Dr. LAURENCE TURNBULL's paper on Foreign Bodies in the Ear, with a Bibliography, showing the present state of Aural Surgery. Dr. TURNBULL prefers the *Syringe* to all other means of facilitating the removal of foreign bodies from the ear.

A Physiological essay is contributed by Dr. B. HASKELL, of Mass, criticising the doctrine of "Sensitive and Motor Nerves," and its evidence, with a good deal of ingenuity,—but not satisfying us that the accepted theory can yet be substituted by any theory better, or more probable; although the former must be admitted not to be complete.

A Committee appointed to memorialize Congress, in regard to the Medical Department of the Army, furnishes a report. This recommends that the Medical Department of the Regular Army shall consist of one Surgeon-General—Brigadier General; one Assistant Surgeon-General—Colonel of Cavalry; one Purveyor General, and one Inspector General, of the same rank; twelve Staff Surgeons—Lieutenant-Colonels of Cavalry; one Surgeon (Major), one Assistant-Surgeon (Captain), and one Assistant, Surgeon (1st Lieutenant), for each regiment of Artillery, Infantry, and Cavalry, for the Ordnance and for the Engineer Corps; with similar officers, below the grade of Surgeon-General, for the Volunteer Army when called into service. The Medical Director or Medical Purveyor of an Army in the field, or of a geographical Department, to have the local rank of Colonel of Cavalry.

It is stated that the laws in force during the war in reference to the organization of the Army, except as to medical directors, expire with the war by their own limitation; so that, without further legislation, the people and armies of the United States "may be doomed again to encounter the confusion and disappointments necessarily consequent upon the entirely inadequate organization of the medical department for a state of war."

A much shorter report is given also from a Committee on the Rank of Medical Officers of the Navy; including the memorial of the Committee to the Secretary of the Navy on the subject. It advises and asks that Surgeons of the Navy after fifteen years of service should rank with commodores.

The last reports of this volume are those upon Medical Education, and upon Medical Necrology. The former, by Dr. ANTISELL, is well written, with views similar to those before brought to the notice of the Association. It ends with a Synopsis of Education in American Medical Schools in 1865; and a plan of Merit Rolls for Candidates before Medical Boards for the Regular Army, Volunteer service, and Navy.

Dr. C. C. COX's Report on American Medical Necrology contains notices of a number of eminent names, deceased within a short period; among them Drs. G. HAYWARD, J. KNIGHT, B. SILLIMAN, V. MOTT, F. BACHE, and J. REDMAN COXE.

The last eighty-three pages of the volume are occupied by the two Prize Essays; that of Dr. LOUIS ELSBERG, on the Surgical Treatment of Morbid Growths within the Larynx, and that of Dr. H. R. STORER, on the EVILS OF FORCED ABORTIONS.

Dr. ELSBERG explains in a note that his Essay was planned and finished, including the drawing of most of the woodcuts, in three days and nights, and was not touched afterwards before publication. Revision was prevented by illness and constrained absence from home. We are in doubt which should surprise us the most,—the facility of the author's composition, or that of the receipt of the award of a prize from the Association. The paper has, at the same time, considerable practical and scientific interest; and is well worthy of its place in the Transactions. It has for illustration, besides the woodcuts, two highly colored lithographic plates. It consists chiefly of the narration of cases and operations, with remarks.

Dr. STORER's paper has the form almost of a medical tract; and it was, in that capacity, recommended by a resolution of the Association, for circulation.

We rise from the examination of these Transactions, with the pleasing judgment, that they contain a body of good medical reading; worth the cost of their printing to the Association, and worth their price to any professional purchaser. Let us hope that the merit and value of the Transactions may continue yet to improve from year to year; and that the final success of our national organization may in all respects be complete.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 2, 1866.

SPECIAL NOTICE.

☞ We wish our readers to bear in mind that the Fifteenth Volume of the Medical and Surgical Reporter begins on the first of July. It is a suitable time for New Subscriptions to begin, and as it is likely that there will be a large accession of new names to our list from that date, it is important that we should receive them as early as practicable, that we may know how large an edition it will be necessary to print.

*** Let each of our present subscribers make it a point to send us an additional new name.

TRICHINÆ.

The article of Dr. Eyrich, which we publish in this number, gives a pretty full resumé of the present state of science on the subject of *trichinæ*, as far as Continental observations have extended. We take this opportunity, however, of adding the results of cis-atlantic experiments and observations,—the last on the subject, and reliable.

The Academy of Sciences, at Chicago, with commendable promptness, and awake to the duties of a scientific body, immediately upon the occurrence of the late trichinæ panic, appointed a committee of seven, composed of Drs. Hollister, Jewell, Sherman, Nickerson, Hay, Lyman, and Nason, to examine into the subject. It will be remembered that Chicago, as well as Cincinnati, is largely interested in the pork trade, and that the opportunities for examination are almost unlimited. If, indeed, trichinæ were to be found at all, Chicago and Cincinnati would be the places to find them.

At a recent meeting of the Academy, as we are informed by the *Chicago Medical Examiner*, the Committee made their report, from which, as published in the same journal, we give a condensed statement.

Regarding the natural history of trichinæ, their migration, encysted state, etc., there is no need of saying anything here. The main objects of the Chicago Committee were—first, to ascertain whether trichinæ actually existed in the hogs of this country, and in those of the northwest in particular; and, secondly, should they exist, to determine the extent of the danger thereby incurred, and to ascertain the best means of averting it. For the attainment of the first object, portions of muscle of 1394 hogs were examined, and the results of these examinations are given in the following table:

Observers.	Pharyngeals.	Diaphragm.	Abdominals.	Intercostals.	Lumbars.	Spinals.	Various.	Total.	Trichinous Specimens
Dr. Johnson	1	7	—	—	15	224	74	321	13
Dr. Sherman	17	9	30	37	—	35	2	130	2
Dr. Nickerson	—	—	10	9	—	107	124	250	3
Dr. Jewell	—	—	—	—	—	—	212	212	3
Dr. Hollister	—	—	—	—	—	—	70	70	2
Dr. Nelson	—	—	—	—	—	—	50	50	1
Drs. Blaney and Hay	4	9	8	—	—	10	3	34	—
Dr. Nason	—	—	9	7	—	31	—	47	—
Dr. Andrews	—	—	—	—	—	—	96	96	1
Dr. Lyman	—	—	—	—	—	—	90	90	1
Dr. Stimpson	6	8	—	—	16	61	3	94	2
Total	—	—	—	—	—	—	—	1394	28

No.	Observer.	Muscle.	No. of trichinæ to a cubic inch.
1	Dr. Johnson.	Spinal.	350
2	" "	"	300
3	" "	"	200
4	" "	Intercostal.	100
5	" "	"	500
6	" "	Spinal.	600
7	" "	Abdominal.	3,000
8	" "	Spinal.	500
9	" "	"	1,000
10	" Stimpson.	"	18,000
11	" Johnson.	"	15,000
12	" "	"	300
13	" "	"	300
14	" "	"	300
15	" Stimpson.	"	400
16	" Nickerson.	Unknown.	48
17	" "	"	80
18	" "	"	192
19	" Sherman.	"	3,000
20	" "	Pharyngeal.	6,000
21	" Andrews.	Abdominal.	2,000
22	" Nelson.	Spinal.	2,000
23	" Lyman.	Unknown.	16,000
24	" Hollister.	"	500
25	" "	"	500
26	" Jewell.	"	2,000
27	" "	"	250
28	" "	"	500

From these tables it appears that out of the 1394 hogs examined, 28 were found trichinous, or about 1 in 50. This is a far greater ratio than any hitherto established by Continental observations, even in those parts of Germany where trichinosis has appeared endemically. In the city of Brunswick, of 19,747 hogs examined in the years 1864–5, only two were found with trichinæ in their muscles; a proportion of 1 in 10,000.

This comparative immunity of the disease with our own people, is ascribed by the Committee, to the habit of cooking meat before eating it, while in Germany pork is frequently eaten in a raw or only half-cooked state. The Committee lay great stress on proper preparation of pork before eating, as a means of insuring safety in its consumption. It is simply necessary to cook it thoroughly, so that every portion of the meat

shall have experienced a temperature of at least 160 degrees Fahrenheit. This point cannot be too strongly insisted upon. Again, by properly salting and smoking the meat for at least ten days, the trichinæ, should they exist, will certainly be killed. Simple dessication of the meat, if continued for a period of sufficient length, will also kill them. They will never be found alive in old hams, for instance. Pickling, however, appears to have very little effect upon these worms.

The Chicago Academy deserve great credit for taking this matter in hand, and the Committee for their full, able and sensible report. We know now, positively, that American hogs are affected with trichinæ, and it will be a forcible argument for everybody to partake of pork only *well cooked*. To conclude in the words of the Committee: "Let the people but understand that only 1 hog in 48 contains trichinæ at all, that only 1 in 300 contains them in sufficient numbers to cause considerable danger, and that even in these cases the worms are rendered innocuous by proper smoking, drying, and cooking,—and we imagine that few sensible persons will refuse pork as food, if it suits their convenience to use it."

Notes and Comments.

Pennsylvania State Medical Society.

We would remind our Pennsylvania readers of the Annual meeting of the State Society on Tuesday, the 13th inst., at Wilkesbarre. It is hoped that a full delegation will be present, and that some new county societies will send representatives.

Arrangements are being made with the railway lines, by which commutation tickets will be issued to delegates. On the North Pennsylvania Railway, delegates must procure excursion tickets. This is the only arrangement that has been effected with that line. Further arrangements will be announced next week.

American Medical Biography.

Dr. J. M. TONER, of Washington, D. C., is engaged in compiling and writing a *Biographical Dictionary* of all deceased American physicians of whom he can collect data of a sufficiently accurate character to enable him to give a brief sketch of their lives and labors.

Physicians and others who have deceased relatives or friends who studied or practised medicine in any part of the United States, and will take the pains to furnish the Doctor with definite facts, comprising full name, birth-place, date of birth and death, education, medical studies, place of graduating, location, success in any particular branch of practice, and whether holding any and what important public positions; if an author, the title of his publications, where and by whom published—will, besides conferring a favor on Dr. TONER, serve the cause of medical literature, of a very attractive and useful kind. It is expected that the collection will reach about ten thousand names.

Vermont Medical Society.

By a Circular from the Secretary, we learn that the semi-annual meeting of the Vermont Medical Society will be held at Brattleboro' on the 13th and 14th of the present month. Arrangements have been made with most of the railway lines to transport those attending the meeting at half the ordinary rates of fare.

The *Connecticut River Valley Medical Society* have been invited to attend as a body.

Papers on various medical subjects are expected from Dr. ROCKWELL, Superintendent of the Vermont Insane Asylum; Dr. E. E. PHELPS, of Windsor; Dr. BULLARD, of St. Johnsbury; Dr. ALLEN, of Rutland, and others.

In addition to the papers presented, "each member of the Society, in practice, is requested, by a resolution adopted in 1862, to report a written case treated by himself, at each annual and semi-annual meeting." The observance of this request will add great interest to the meeting.

A full report of the meeting is promised for our columns.

The Secretary is authorized to receive subscriptions and money on account of the REPORTER.

"Prolactea."

We would call the attention of our readers to Mr. PEABODY's advertisement, in another column, of "Prolactea," a substitute for breast-milk for infants. We have not yet had an opportunity of testing its merits, but Mr. PEABODY comes strongly endorsed by the medical profession of Buffalo, who have used his preparation with satisfaction. If it is what it claims to be, it will be a great blessing in our large cities. Dr. MINER, of the *Buffalo Medical Journal*, in his letter of introduction, speaks of Mr. PEABODY as a druggist who *attends to his calling, and has no dealings in quack medicines*. If the same could be said of all our druggists, there might often be more favorable results from the prescriptions that we send to them to be compounded.

Army Surgeons.

On the 21st ult., Mr. Donelly introduced a bill into the lower House of Congress relating to Acting Assistant Surgeons in the United States Army, providing for additional compensation to all Post-Surgeons and private physicians engaged under contracts by the Government, which was read twice and referred to the Committee on Military Affairs.

Cholera Hospitals.

In response to a communication from Dr. Jas. A. McCrea, President of the Board of Health of this city, Assistant Surgeon J. G. Billings, U. S. A., by order of the Secretary of War, informs him that the following hospital buildings in and near Philadelphia, are for the present retained by the Quartertermasters' Department:

Name.	*Location.*
Satterlee Hospital Building,	West Philad'a.
South Street, . . .	Philadelphia.
Christian Street, . . .	Philadelphia.

Should any emergency arise requiring it, the equipment of these hospitals can be furnished by the Medical Department of the Army at cost prices.

Artificial Spas in Central Park, New York.

A large number of Physicians of New York, have addressed the following petition to the Board of Health:

New-York, May 14, 1866.

To the Board of Health:

Gentlemen: About two and a half years ago several physicians of this city addressed a petition to the Commissioners of the Central Park, praying them to grant permission to Messrs. Schultz & Warker to dispense their artificial spring waters in the Park. That petition fully expressed the sense of, and met with the cordial support of the medical profession; and it was sincerely hoped that the Park Commissioners would cheerfully grant the necessary privileges, and thereby enable thousands of visitors, invalids and convalescents, to combine the use of artificial spring waters with exercise in the open air.

The great interest with which, at present, all measures for the improvement of the public health are looked upon by the public, lends fresh importance to the establishment of Artificial Spas in the Park, because in carbonated water we not only have the most effective and simple means of keeping the digestive organs in a healthful condition. but also the most natural remedies in many affections of the digestive apparatus.

We therefore hope that the Board of Health will fully consider the great benefit which would arise to the public from the establishment of Artificial Spas in the Park, and use its influence and great moral weight with the Commissioners, that they may speedily grant the necessary privileges to Messrs. Schultz & Warker, the most suitable parties to conduct such an enterprise to the satisfaction of the medical profession.

It is to be hoped that this eminently philantropic and sanitary project will meet with success.

Books and Pamphlets Received.

Reflex Paralysis: Its Pathological Anatomy and Relation to the Sympathetic Nervous System. By M. Gonzales Echeverria, M. D., etc., etc. Pp. 80. New York: Bailliére Bros.

An Introduction to the Study of the Optical Defects of the Eye, and their Treatment by the Scientific use of Spectacles. By A. M. Roseburgh, M. D., Toronto. Pp. 31.

The Mechanical Treatment of Chronic Inflammation of the Joints of the Lower Extremities. By Lewis A. Sayre, M. D. Pp. 25. With 20 Illustrations. (Extracted from the Transactions of the American Medical Association for 1865.) *Price*, $1. For sale by Wm. Wood & Co., New York.

Literary Exchanges.

Our Young Folks, always promptly on our table, grows in interest. It is a great treasure for the lads and lasses of the household,—and, indeed, we find the *Old* Folks just as much interested in its monthly visits. *Price*, $2 per annum. Ticknor & Fields, Boston.

The Atlantic Monthly. Of the literary monthlies this is certainly one of the best. It is devoted to Literature, (light and solid), Science, Art and Politics, and succeeds admirably in sustaining each department with interest. The number for June closes the 17th volume.

Peterson's Ladies' Magazine, *Godey's Lady's Book*, and *Arthur's Magazine*, all published in this city, are devoted to matters and things of special interest to the women of our families. This species of literature seems to flourish in Philadelphia, and nowhere else.

Hours at Home contains more solid, useful reading matter than any of our literary monthlies. It is devoted to "Religious and Useful Literature." The author of the Chronicles of the Schonberg-Cotta family, has a short but pretty sharp burlesque, entitled "Impressions of an 'advanced' Dog on the Origin of Species." Of a series of interesting articles on the prominent Generals of the late war, the number for June contains a sketch of Lieut.-Gen. Grant.

Littell's Living Age—No. 1147—contains an article on Coal and Smoke, having a sanitary bearing of interest.

In the *Galaxy* for June 1st, Prof. Blot gives the second of his series of papers on the Art of Dining, and Mr. Hastings has a critique on the Architecture of our houses.

☞ *The American Ophthalmological Society* meets in Boston on the 12th inst. See notice.

Correspondence.

DOMESTIC.

A Destructive Conflagration.

EDITOR MEDICAL AND SURGICAL REPORTER:

The recent fire in this city, which resulted in the total ruins of the Academy of Music, and the building of the University Medical College, together with many other edifices, one factory, and a large church, being a loss of over $2,000,000 to the city at large, did not confine itself merely to a stoppage of amusement and labor. Medical science has met with a bereavement that can never be compensated. For, besides the destruction of the private museums of Drs. VAN BUREN, POST, BEDFORD, etc., the entire collection of Dr. VALENTINE MOTT'S surgical and anatomical specimens, worth over $40,000, and which he left in his will to all medical investigators that might come in after generations, has vanished in the flames, and canceled memory. This is an affliction which it requires time fully to realize.

SAMUEL W. FRANCIS.

New York, May 23d, 1866.

News and Miscellany.

Resignation of Surgeon-General Phillips.

State of Pennsylvania, Surgeon-General's Office,
HARRISBURG, March 27, 1866.

His Excellency Andrew G. Curtin, Governor of Pennsylvania.—SIR: I have the honor to tender you my resignation as Surgeon-General of Pennsylvania. The muster out of the regiments of the State renders it unnecessary for me to remain here longer, and having devoted five years to the public service, I desire to return to the private pursuit of my profession.

In thus asking the severance of my connection with your military staff, I cannot refrain from expressing my gratitude for the uniform kindness shown to me by you, officially and personally, for the generous confidence you have always placed in me, and the hearty coöperation you have afforded me in the discharge of my duties.

The trust you reposed in my fidelity is more pleasing, as you were so deeply interested in the medical care of the troops you sent into the field, and for whose comfort, health and lives you ever manifested the warmest solicitude.

With the earnest desire that the years of anxiety, toil and grave responsibility, which you have so lately passed through as a public officer, may be followed by a long life of health, happiness and prosperity.

I have the honor to be, very respectfully, your friend and obedient servant,

[Signed] JOSEPH A. PHILLIPS,
Surgeon-General of Pennsylvania.

Pennsylvania Executive Chamber,
HARRISBURG PA., March 27th 1866.

Dear Sir:—Your resignation as Surgeon-General of Pennsylvania is accepted, and you are relieved from duty from and after the 1st of April.

In your retirement you have the satisfaction to feel that you promptly answered the call of your country, and gave her five years of your life, and that you performed all the duties of the different positions you held, skilfully, justly, and faithfully.

I take great pleasure in thanking you for the manner in which you fulfilled the duties of the office of Surgeon-General of the State—duties delicate and complicated, and were it not that our country has been restored to peace, and thus relieved you of office, I would regret the interruption of our social relations, which have been intimate and pleasant.

I sincerely trust you may be awarded for your services to your country by many years of professional success and happiness.

I remain as ever, truly your friend,

[Signed] A. G. CURTIN.

JOSEPH A. PHILLIPS, Surgeon-General Pennsylvania.

Sanitary Affairs in Charleston, S. C.

The "Health system" of Charleston is most admirable, and combines in its operations the efforts of the medical department of the Freedmen's Bureau and the aid of the city authorities, with but little cost to either. The physicians are furnished and paid by the city, together with the nurses and attendants, while the Bureau provides medicines, hospital stores and rations. The city is divided into health districts, with a dispensary in each attended to by a medical officer, who treats all cases brought to his attention, and when necessary, gives certificates to patients for their reception into the general hospital. By this happy arrangement the General Government is relieved of the expense of eleven surgeons, and the city is enabled to show its generous inclination to care for the poor and unfortunate with comparatively little expense. Both blacks and whites are treated, inability to provide for themselves being the only test required to insure the attendance of the physicians on their patients.

Wilful Starvation.

STERLING KING, of Cincinnati, died on the morning of the 11th, through wilful starvation. It will be remembered that some time since a great sensation story was heralded from the Louisville Jail by the man STERLING KING, who asserted that he was an accomplice of Booth in the assassination of President Lincoln, and that Booth was yet alive. King has been a prisoner there on the charge of stealing, and has tried several times to kill himself but has been prevented.

He confessed that the story about Booth was a hoax, and that he made the assertion simply because he thought the military would take charge of him and send him to Washington, and

that a pardon would be obtained from President Johnson for his asserted plot in the assassination. Failing in this ruse, he refused to eat anything, and for the past two weeks has not eaten a particle of food. King was yesterday transferred from the Louisville jail to the mail boat to be taken to Cincinnati to answer the charge of grand larceny, but only lived to reach this port, when death ensued. An inquest was held on his body, and a verdict of suicidal starvation was given.

MARRIED.

Calver—Adams.—May 24, by Rev. Wm. Cathcart, G. W. H. Calver, M. D., and Lide, daughter of Robert Adams, Jr., all of this city.

Hunter—Halsey.—May 24, by Rev. T. Ralston Smith, Charles H. Hunter, M. D., of Caldwell, N. J., and Anna O., daughter of Wm. Halsey, of New York.

Lowber—Ingersoll.—May 24th, by the Rev. E. C. Bittinger, Chaplain, U. S. N., William Lowber, Surgeon, U. S. N., and Elizabeth, daughter of the late Edward Ingersoll.

Milligan—Abrahams.—In Wabashaw, Minnesota, May 1st, by by the Rev. H. G. Batterson, of Grace Episcopal Church, Dr. Francis H. Milligan, of Wabashaw, Minnesota, and Miss Sallie D. Abrahams, of Steubenville, Ohio.

Saylor—Cole.—At Tamaqua, Pa., May 17th, 1866, by the Rev. H. S. Getz George W. Saylor, M. D., and Alice S., daughter of George W. Cole.

Wood—Longacre.—In this city, May 10, 1866, by the Rev. Andrew Longacre, Dr. Horatio C. Wood, Jr., and Eliza H., daughter of James B. Longacre, all of this city.

DIED.

Eagleton.—In this city, of diphtheria, May 26, Angeline, only child of Dr. James M., and Mary Ann Eagleton, aged 3 years, 1 month, and 24 days.

Fergusson.—In New York, on Tuesday, May 22, James Fergusson, M. D., aged 39 years.

Foley.—In this city, May 21st, Mary, daughter of Dr. Michael and Mary Foley, aged 8 years.

Mussey.—In Boston, Mass., May 14th, Mrs. H. Mussey, aged 76 years, wife of Dr. R. D. Mussey.

Patterson.—In Cheraw, Mass (?) May 10, Mary Patterson, infant daughter of Dr. Cornelius and Mary H. Kollock.

Wilson.—In Bethlehem, Pa., May 21st, Dr. William Wilson.

ANSWERS TO CORRESPONDENTS.

Dr. J. K. B., Fairmount, Va.—Sent by Express, 23d inst., case of Eyé Instruments and Caustic Holder.

Dr. T. H. D., Chest Springs, Pa.—Sent by Express, 23d inst., one pair Forceps.

METEOROLOGY.

May,	14,	15,	16,	17,	18,	19,	20.
Wind.....	N.	N. E.	S. E.	N. E.	N. E.	S. E.	S. W.
Weather.....	Clear.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy. Rain.	Clear.	Clear. Shw'r. T. & L.
Depth Rain.....				1·5 1·0	1·10		4·10
Thermometer.							
Minimum.....	41°	42°	47°	50°	47°	43°	58°
At 8 A. M.....	51	55	65	54	53	61	70
At 12 M.....	57	64	72	52	56	72	74
At 3 P. M.....	56	66	70	52	57	74	79
Mean.....	51.25	56.75	63.50	52.	53.25	62.50	70.25
Barometer.							
At 12 M.....	30.1	30.1	29.9	30.	29.9	29.9	29.9

Germantown, Pa. B. J. Leedom.

AMERICAN OPHTHALMOLOGICAL SOCIETY.

The Third Annual Meeting will be held at Boston, on Tuesday, June 12th. The opening session will be at 9, A. M., at the Massachusetts Charitable Eye and Ear Infirmary.

HENRY D. NOYES,
Secretary.

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SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

ANATOMY,
SURGERY,
CHEMISTRY,
PHYSIOLOGY,
OBSTETRICS,
MATERIA MEDICA,
PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, $50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. Lenox Hodge, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, $10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), $100.
Fee for one Course of Examinations, $30.
Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to
H. LENOX HODGE, M. D.,
N. W. corner Ninth and Walnut Streets.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 484.] PHILADELPHIA, JUNE 9, 1866. [Vol. XIV.—No. 23.

Original Department.

Communications.

FRACTURE OF THE CONDYLE OF THE FEMUR.

By A. M. Barr, M. D.,

Of Lancaster City, Pa.

This case occurred in my practice a few weeks ago, and as we seldom meet with it, I take the liberty of reporting it through the columns of the Medical and Surgical Reporter. The following is briefly the case as taken from my note-book:

J. H., æt. 14. April 9th. This boy was riding in a two-horse wagon, moving at a slow gait, and during this tardy motion, he endeavored to dismount from the wagon, and in his efforts to do so, fell on the wheel; his legs becoming fastened between the spokes, the pressure on the superior and lateral portion of the tibia produced fracture of the internal condyle of the femur. He was taken to his home, and I was sent for immediately. On my arrival, I found his knee very much widened and flattened, was able to elicit crepitation, and could bend his leg laterally to an obtuse angle. After I was satisfied about the diagnosis being correct, I placed the limb in a natural position and applied two splints, cut from binder's board, and moulded them to the part. I cut the material to suit the limb, the outer one nearly two feet long, and the internal one something shorter and wider. After moulding the splints to the parts and getting the limb properly adjusted, I approximated the fractured edges, with the binder's board well padded, and applied the splints to the fracture firmly; they were kept in place by an assistant, while I was applying the roller, commencing at the distal portion of the limb. The leg was slightly œdematous, yet very little phlogosed around the joints. Ordered a few leeches around the joints, and applied the bandage with some degree of firmness to counteract the swelling and inflammation.

April 10. I called to see the boy in the evening, and found him suffering with great pain in the affected joint, high fever, parched tongue, and dry skin, with great swelling and inflammation around the joint. I ordered:

℞.	Tinct. opii,	f.℥ss.
	Plumbi acet.,	℥ss.
	Aquæ,	f.℥iij. M.

To be applied locally over the joint; and gave him the following pill:

℞.	Mass pil. hydr.	gr. viij.
	Gambogiæ,	gr. x.
	Ex. colocynth comp.,	gr. xij.
	Pul. rhei,	℈i.
	Saponis,	q. s. M.

Ft. pill. No. xv. Four to be given for a dose. I ordered a full anodyne, to be repeated if required.

April 11. Bowels freely opened; still pain and swelling in the joint. Continued the local application alternately with cold water. Internally, I ordered Prof. Gross's antimonial and saline mixture, for the double purpose of combatting fever and relieving inflammation. A full anodyne ordered to relieve pain.

April 12. Still pain and great swelling. The bandage appeared too tight; I removed and applied it more loosely. He felt more easy and rested better during the following night. During this treatment I had the leg resting in a fracture-box, and kept up extension by the foot-board.

April 13. Patient easier; swelling going down; inflammation abating; fever nearly absent.

April 14. Moist skin; appetite good; no fever; the swelling reduced, and the limb in nearly its normal condition.

April 15. Patient better. Discontinued the local application, but ordered the antimonial and saline mixture to be continued, with full anodyne at night.

April 23. Complains of no pain; no fever. Discontinued the saline mixture, and ordered morphia acet. at night, if required.

April 29. Patient convalescing. Complained of no uneasiness. I removed the bandages, and instituted passive motion. Some adhesions had formed, but I succeeded in breaking them, and subjecting them to the absorbents, only, however, at the expense of great pain.

A week later, I removed the bandages, gave the patient an anæsthetic, and lacerated perfectly

all the adhesions that had formed. The patient now is doing well, and able to use his leg, with the assistance of a cane. I ordered him to institute motion every day, to stimulate the absorbents, for them to take up all the effused fibrin, and in the course of a few days, he will be able to walk without the use of the cane.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

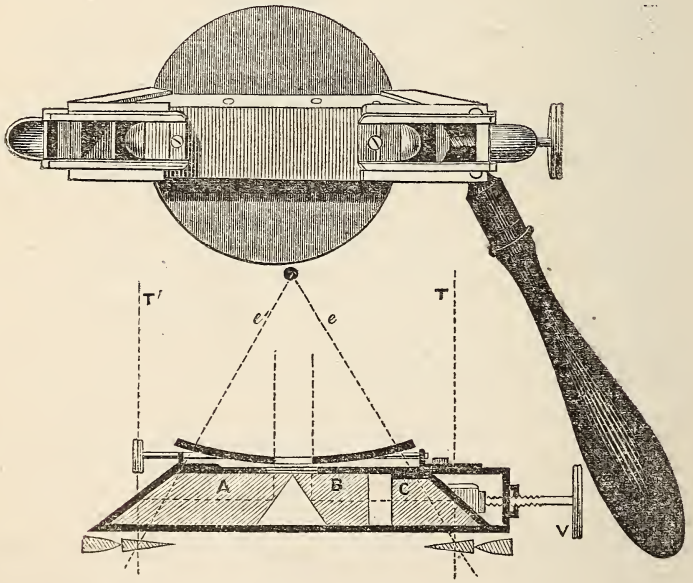
Of Philadelphia.

Binocular Ophthalmoscopes.

(Continued from p. 306.)

In Dr. Giraud-Teulon's instrument, as made originally, there was no provision for altering the distance between the ocular openings. The instrument was altogether useless, unless its width accurately corresponded to the distance between the eyes of the observer. A slight deviation from the proper width produced images; and a larger deviation altogether excluded one eye from the visual act, and reduced the instrument to a monocular ophthalmoscope of inferior illuminating power. It followed that many observers failed to realize any stereoscopic effects; and that many doubts were cast upon the value of Dr. Giraud-Teulon's beautiful and ingenious invention. These doubts were, however, in a great degree set at rest by the improvement shown in Fig. 3, which exhibits the general appearance and the sectional arrangement of the instrument as at present made. The left-hand rhomb A is

Fig. 3.



left entire; but the right-hand rhomb is divided into two portions, B and C, the outer end of which is moveable, and is governed by the screw V. The distance between the points T′ T, the apparent positions of the two images formed by the rays *e e′*, is thus placed perfectly under the command of the spectator; and any instrument may be adjusted to meet the wants of various observers.*

* Dr. Carter, Eng.

Odors of Disease.—The odor of small-pox has been compared to the smell of a he-goat; that of measles to a fresh-plucked goose; scarlatina to cheese. The smell of plague has been compared with the odor of May flowers, and that of typhus with a Cossack. That the typhus odor resembles ammonia, I have often observed, and the best and most recent investigators agree that it is a compound of ammonia. Probably the more intense the smell, the more operative the poison; hence the necessity on the part of the attendant to avoid inhaling this concentrated poison.—(Prof. Banks—*Medical Press and Circular.*)

MEDICAL FRAGMENTS.

By Prof. A. P. Dutcher, M, D.,

Of Cleveland, Ohio.

Hæmatemesis from Gastric Ulcers; A Case Illustrating Treatment.

It has often been observed that the stomach is more subject to chronic than acute inflammation. In acute inflammation the principal anatomical lesions are thickening and softening of the coats; in chronic, ulceration and perforation. When we take a look into the stomach of an individual who has died with chronic gastritis, we often find marked congestions, especially at the rugæ; and it is near the lesser curvature or at the pylorus, that the membrane will commonly be found destroyed. Sometimes we find a single ulcer, in other instances more. In size they may vary from an eighth of an inch to a quarter in diameter, extending through the mucous membrane, having irregular rounded edges, minutely injected or of a pale color. When these ulcers are minutely examined, it will be found that they have destroyed irregularly the gastric follicles which bound them laterally, and are covered over with mucus, nuclei, cells, and epithelium.

These are the simple ulcers of ordinary chronic gastritis, and are not generally attended with very serious consequences, unless they are very numerous and complicated with other diseases of the organ. But there is another kind, which is commonly attended with more serious consequences, and not unfrequently terminates the existence of the patient very suddenly. It is the perforating gastric ulcer, so named from its having a marked tendency to perforate the walls of the stomach. In a marked example of this form of ulcer there is in the region of the pylorus, a circular orifice of from three to six lines in diameter, with a sharp peritoneal edge, as if a rounded piece of the gastric parietes had been punched out. When viewed from within, the loss of substance on the internal membrane of the stomach, and especially of the mucous layer, appears more considerable, so that the edges of the hole seem bevelled off from within outward.

In other instances, the margins of these ulcers are quite thickened and indurated. Their form is commonly circular, at least at the outset, though they often become elliptical or quite irregular as they extend. In size they seldom exceed half an inch, and in the majority of cases there is only a single ulcer. The seat of the ulcer is almost always found in the pyloric half of the stomach, and more frequently at the posterior than at the anterior surface. When an ulcer is perfectly circular, it has been observed that as it extends in depth there is a very marked narrowing of its area, the muscular coat is less extensively destroyed than the mucous, and the peritoneum again less extensively than the muscular; the perforation taking place in the centre of the included circle.

The exact nature of the process by which these ulcers are formed has not been positively ascertained. Some writers consider it a result of circumscribed red softening, due to chronic inflammation, while others regard it simply as the result of a loss of vital assimilative power of the part affected. The latter is the view entertained by Dr. Copeland, in his Dictionary of Practical Medicine. He states, "that this disease is more frequent in needle-women and female servants. The patients in most instances have been anæmic, or suffering from derangement of the menses, as well as from pain in the stomach, but have generally been able to pursue their avocation, and to take food even up to the fatal seizure."

Gastric ulcers may prove fatal in four different modes:

1st. By perforation, fatal peritonitis being caused by the escape of the contents of the stomach.

2d. By the ulcers perforating the coats of the stomach and the pancreatic duct, thus causing its secretion to be poured into the stomach, and producing fatal derangement in the process of digestion.

3d. By inanition; the patient's existence being terminated by asthenia, in consequence of the stomach being so irritable that food sufficient for the support of life is not retained.

4th. By hæmorrhage; this may be so copious as to destroy life at once, but more frequently death does not occur till after repeated attacks. According to Dr. Brinton, death from hæmorrhage occurs in the proportion of one to twenty cases.*

In every case of copious hæmatemesis from gastric ulcers, there can be but one opinion as to the source of the bleeding—the perforation of a small artery. The nearer the situation of the ulcer to the smaller curvature of the stomach, the deeper it has extended, the larger in general are the vessels it meets with, and the more profuse the hæmorrhage.

Hæmatemesis has been regarded by many of our best medical writers as almost pathognomonic of a gastric ulcer. Indeed, one has asserted that, "without hæmorrhage taking place,

* Dr. Brinton's Monograph on Ulceration of the Stomach, page 38.

we cannot with any certainty diagnose ulceration of the stomach." But we cannot admit this, for hæmatemesis often occurs from other causes, such as over-distention of the capillaries, engorged portal system, and cancerous diseases; though less frequently than in simple ulceration. It is true, however, that under some circumstances, the vomiting of blood is a very significant symptom of gastric ulceration. It is the only kind of vomit distinctive of the disorder, for the substances ejected present otherwise appearances not different from what they do in chronic gastritis. The blood may be pure and red, but more frequently it is blackened by the gastric juice; and large quantities are sometimes passed by stool. I think we may almost always conclude upon the existence of gastric ulcers, when there is acute pain just after eating, and continues so as long as food occupies the stomach, great tenderness to the touch over the region of the epigastrium, and hæmatemesis.

When active hæmatemesis exists, every effort to arrest it should be promptly made. There should be no delay; we should use our best therapeutics first. And at the head of the list, in this case, we place astringents, sulphuric acid, alum, kino, gallic acid, turpentine, creosote, and acetate of lead; all have their advocates. But in my judgment, the acetate of lead is superior to them all. Several years ago, a celebrated physician recommended gallic acid as almost a specific for hæmatemesis. I never had much confidence in the power of vegetable astringents to control active hæmorrhage of any kind. But after reading the history of several cases illustrating the influence of gallic acid in arresting hæmatemesis, I was induced to give it a trial in a very grave case that came under my care.

The patient was a man, aged 35, of the nervo-sanguineous temperament. I was called to attend him October 24th, 1856. When I entered his room, I found him in bed, cold, and almost pulseless, apparently recovering from a state of syncope. I learned from his wife, that about 12 o'clock on the day before, he came home, complaining of pain and a disagreeable sense of fulness in the stomach. After an hour, he returned to his work, but was gone but a few minutes, when he came back and told her that he had been vomiting blood. He went to bed, rested an hour or more, and returned to his work again. When he came home in the evening, he still complained of pain and fulness in the stomach; and on retiring to rest, took some cathartic pills. These operated freely in the morning, producing several copious evacuations from the bowels, consisting of feces, clots of blood, and a dirty-red fluid. A few minutes previous to my arrival, he had vomited about a pint of pure arterial blood, which, after standing a short time, formed a very firm coagulum. Having prescribed means to produce reaction, I promised to return in two hours and make a more full examination of his case.

When I returned, I found my patient much improved; his pulse was stronger; skin moist and warm; tongue pale and slightly furred; abdomen tender to the touch, particularly in the region of the stomach, and complained of severe pain in the same locality. On percussion and auscultation, the organs of the chest were found in a normal state, excepting the heart. The bellows sound was very loud, and may have been either the result of a loss of blood or old valvular disease, he having suffered at one time for more than a year with rheumatism. The liver and spleen were normal.

From inquiry in relation to his general health and manner of living, I learned that, for three or four years, he had been troubled with indigestion, frequently having severe pain in the stomach, attended occasionally with cramps and vomiting, and for the purpose of obtaining relief from these disagreeable symptoms, he had been under the care of several physicians, and had taken a variety of quack medicines. But obtaining no permanent relief from them, he had during the last six months laid them all aside, and as a means of temporary relief had taken brandy and capsicum. He told me that he had taken more than a tablespoonful of capsicum three times a day, for several days in succession.

From the history and symptoms of his illness, the diagnosis appeared to be perfectly clear—ulceration in the stomach and perforation of some minute artery. A guarded prognosis was given, and the following was ordered every four hours.

℞. Gallic acid, gr. v.
Infus. geranium maculatum, f.℥j. M.

Called again in the evening; found him very restless, complaining of a severe pain in the lower part of the abdomen. Skin cool and moist, pulse 100 per minute. Ordered opium 2 grains, and continued the gallic acid.

25th. Passed a comfortable night. Pulse 95, and more full. Had two fluid motions from the bowels this morning, which contained a little blood. The urine is passed freely, and looks normal. Continued gallic acid.

26th. Appears much better this morning. Continued treatment.

27th. Called in haste. Patient has just vom-

ited about half a pint of blood. Has fainted, is cold and and almost pulseless. Means to produce reaction were ordered, after which the gallic acid was continued; 2 grains of opium were given in the evening.

28th. Passed a good night; is cheerful, and free from pain. Continued treatment.

29th. Comfortable. Late in the evening complained of pain in the stomach; ordered opium, 2 grains.

30th. Called in haste this morning at 7 o'clock. Found patient in a most alarming state of syncope, with threatening symptoms of immediate dissolution. He had vomited blood, and passed a quart or more from his bowels during the night. By the free administration of brandy, inhalations of ammonia, and heat to the extremities, reaction was again established in about six hours.

Having now lost all confidence in the gallic acid to control the hemorrhage, I prescribed the following every three hours:

℞. Plumbi acetatis,	gr. iij.	
Pulv. opii.,	gr. ½.	
Ol. valerianæ,	gtt. ij.	M.

This was continued for six days, when the bowels becoming constipated and painful, they were gently moved with turpentine and castor oil. After this there was no more bleeding; the patient was now placed upon the use of citrate of iron and quinia, with such diet as he could easily digest. As his strength improved all his old difficulties vanished, and by the first of January he was in better health than he had been for years.

The signal failure of the gallic acid to arrest the hemorrhage in this case, and several others that have fallen under my notice since, has led me to the conclusion that it is not a reliable agent in internal hemorrhage of any form, and he who depends upon it is leaning upon a broken reed, that will fail him when he most needs help. In every form of active hemorrhage, where an astringent is indicated, the acetate of lead is the most reliable we have. Its sedative properties give it a great advantage, in hæmatemesis, over every other therapeutical agent I am acquainted with, excepting opium. In connection with that article, it has a powerful influence in arresting the peristaltic movements of the stomach, and quieting the irritability of the organ, two very important ends to be attained in the successful treatment of hemorrhage from gastric ulcers.

I am, however, aware that there is a wonderful prejudice in the minds of some practitioners, against the internal administration of lead in any disease. They are in constant dread of poisoning their patients with it. But where i is judiciously employed, there is not the least danger of this. I have used it in my practice very extensively for years, and cannot now remember a single instance where it produced the slightest injury. Dr. J. L. Ludlow, one of the physicians of the Philadelphia Hospital, says that in that establishment bushels of it have been used, and he never saw any evil results. Dr. Wood, in his Therapeutics, remarks that he has been in the habit of using acetate of lead for more than thirty-five years, giving it in a vast number of cases, and never witnessed but one instance where injury resulted from it.

Hospital Reports.

Pennsylvania Hospital,
1866.

Surgical Clinic of D. Hayes Agnew, M. D.

Reported by Dr. Napheys.

Fissure of the Anus.

Case 1. Dr. Agnew introduced a female aged 27 years, stating that for six months she had suffered great distress in defecation, and which continued for several hours after the act. On examination an external hemorrhoid was observed, on one side of the verge of the anus, but he did not conceive that this, destitute as it was of any inordinate sensibility, could be productive of the amount of suffering complained of. Nor could any internal hemorrhoidal tumors be felt. On exposing the mucous surface of the extremity of the bowel, a small ulcer was detected. This, the Doctor remarked, trifling as it appeared, was amply sufficient to explain the nature of the case. It is an anal fissure. Nothing entails so much severe suffering as this. It may be predicated on the existence of an acute burning pain coming on a short time after an evacuation from the bowels, and continuing for four or five hours, accompanied frequently by a spasmodic contraction of the sphincter. It should not be confounded with hemorrhoids; the pain is altogether different as to time, and persistence. In the latter it is severest during the fœcal passage, gradually subsiding; while, as stated in the former, it is most intense after, and increases for a prolonged period. All doubt, however, is removed on an inspection of the parts, when the crack or fissure may readily be exposed to view.

It is gratifying to know we have a remedy, certain, infallible. All ointments are useless; caustics equally so. The ulcer refuses to heal, because the muscular fibres of the sphincter underlying it, constantly disturb all attempts at repair. They must be placed at rest, and this is best accomplished by an incision extending through, or partly through the muscle, at any part of its circumference. Some prefer cutting in the fissure. The operation was, after this explanation, done by the Doctor by introducing a

finger into the bowel. and along it, carrying a straight probe-pointed bistoury, after which it was turned into the fissure, and the division accomplished. The external hemorrhoid was next cut off with a pair of scissors, and lint, soaked in cold water, applied to the parts. The bowels were ordered to be kept quiet for five days, by an occasional pill of opium.

Syphilitic Keratitis.

Case 2. The patient was a girl about 13 years of age, complaining of intolerance of light, indistinct vision, with some pain over the brow. For several months she has been in this condition. On examination the Doctor described the cornea as having lost its lustre, become dull, hazy, and so opaque, that its capacity for the transmission of light is greatly diminished. A small cluster of blood-vessels is also spreading itself over the cornea. There were two conditions, therefore, both of which were foreign to the normal state of the parts; a deposit of lymph between the laminæ of the cornea, constituting an interstitial keratitis, and loops of blood-vessels, forming the vasular cornea. The general appearance of this girl does not indicate the possession of a very vigorous organization. She is pale, thin, with some involvement of the lymphatic system, as is seen in the facility with which the cervical glands may be felt. Such cases are generally deemed of strumous origin; doubtless they are often syphilitic. A deposit, when situated deep in the cornea, is very often incapable of removal. The treatment in such a case, must be general and local. The remedies which seem to exert the most salutary influence through the constitution, are such as combine alterative with tonic properties,—and for this end we will direct the liq. ferri iodidi; 15 drops three times a day, with one teaspoonful of cod-liver oil,—insisting on the use of a good diet.

As a local application, a solution of the argt. nitratis, 2 grs., to the f.℥j. of rose water, brushed over the eye every day. Strong solutions, I am convinced, do harm. The division of the ciliary muscle has recently been extolled as of great value in clearing up the opacity, and removing the vascularity of a corneitis. I have found it apparently do some good, but the tendency to relapse is very great. How it acts I am unable exactly to understand,—running as the fibres of this muscle do, from the ciliary ligament to the ciliary processes, it may be their division relieves, (if divided they are,) in some degree, the circulation through the venous sinus at the ligament. The operation, as described, is not a difficult one. The upper lid is to be raised by an elevator, while the lower one is depressed with the fingers of the operator; a cataract knife is then entered about a line or two posterior to the sclerotico-corneal junction, and carried sufficiently deep to penetrate the tunics of the eye. A solution of atropia (2 grs. to the f.℥j.) is next brushed over the eye, and the lids closed with a soft compress secured by a roller. After two or three days the dressing may be permanently laid aside. The operation was performed on the patient after the manner described.

Anchylosis of the Lower Jaw.

Case 3. This patient, a girl 10 years of age, states that she received a fall some months since, striking her chin, since which time her jaw has become gradually stiff. She is unable to separate the maxillæ more than will serve to admit the blade of a knife flatwise. She is suffering also from an old tarsal ophthalmia.

On examining the muscles of mastication, no rigidity can be discovered; the muscles are not at fault, and we may look for the cause, therefore, at the articulation. In all probability, there has been a synovitis, and the immobility due to intersecting bands within the joint. An anæsthetic will be administered, and when under its influence, a dilator will be inserted between the jaws, and the maxillæ gradully and forcibly separated. The blades of this instrument should always be protected with wood or gum elastic, otherwise the teeth may be injured. After the adhesions are broken up, active movement must be kept up every day, to ensure the destruction of the false bands, and restore the function of the joint.

The operation was performed as described, and the diagnosis proved to be correct. This patient, at the end of two weeks, was discharged cured.

Fracture of the Femur.

Case 4. This patient, a male, aged thirty, fell from a height, injuring the left limb. It will be observed there is shortening, which, by measurement, amounts to nearly two inches. In lifting the leg, great angular deformity is seen in the lower third of the thigh, and on applying the hand over the seat of this deformity while the foot is rotated, crepitus is distinctly felt, and severe pain induced. Such phenomena establish the existence of a fracture. It is oblique, as most fractures are in civil surgery, and the bones are drawn past each other by the powerful groups of muscles stretching between the pelvis and leg. Such accidents are invested with special interest to every practitioner; and it is one of the highest offices of our art to be able to so adjust such an injury, as will involve no subsequent disability. There are several mechanisms in use for such a fracture. That of Desault, in some of its modifications, has ruled almost unchallenged in practice, but in this hospital it is laid aside, I doubt not, forever, for one which is simple, comfortable, philosophical. Here are all we require to treat such a case as is now before us. A single bedstead, with an opening in the bottom; a firm mattrass, with a hole in it, and a sheet to correspond. On this the patient is placed, so that the nates shall rest over the opening. By this provision a proper chamber may be introduced from below and receive the evacuations, without necessitating any considerable movement of the body. To restore the limb to its normal length, and so maintain it, we must have extension, counter-extension, and lateral pressure. The first is effected by an adhesive strip applied on either side of the limb, from the fracture to beyond the foot, with circular ones to render the longitudinal more secure. A roller is to be applied over these, passing from the foot to the pelvis, which gives not only additional fixed-

ness to the adhesive strips, but counteracts muscular spasm. To the little piece of wood at the bottom of the extending strips, a piece of stout roller is tied, to which the weight is to be attached. At the foot of the bed is placed an upright, supporting a pulley, over which the weight is to be thrown. The weight of the body will constitute the counter-extending force, and its effect will be increased by raising the foot of the bed three or four inches. On the inner and outer aspects of the limb are placed two bags filled with sand. The weight should not be attached for at least twelve hours after the dressing is applied; only let the foot be secured by the extending slips to the upright at the foot of the bed. If this precaution be observed, the adhesive strips will remain firm. Rarely is it necessary to reapply them more than once during the progress of the case, and frequently there is no necessity even for this.

Jefferson Medical College,
March 28th, 1866.

Selections from the

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Strabismus.

Mary R., twenty-one years of age. She has convergent strabismus. The divergent form is exceedingly rare. The defect has existed since her fifth year. As is nearly always the case when the strabismus is of considerable duration, the sight of the bad eye is seriously impaired; she cannot tell what o'clock it is by a watch with that eye. Both organs are affected. The disease came of its own accord. Her health has always been good; has never had convulsions. The affection essentially depends upon the contraction of one of the muscles of the eyeball; in the convergent form, of the rectus internus; in the divergent, of the rectus externus; a condition similar to that of the tendo-Achillis in club-foot, or of the sterno-cleido-mastoid muscle in torticollis or wry neck. How it is produced, we are unable to determine. It sometimes comes on at a very early period of life, sometimes before the child is a year old. Occasionally, indeed, it is congenital. The true nature of this affection was determined by Stromeyer; but the first operation was practically performed by Dieffenbach, of Berlin.

The only thing that will remedy an affection of this kind is an operation, consisting in dividing the affected muscle a short distance from its attachment to the sclerotic coat. The method of procedure is simply to place the patient upon a chair, with his head retracted and resting against the breast of an assistant, to elevate the upper lid and depress the lower, and to seize the ball of the eye with a very delicate double hook, plunged into the sclerotic coat in the horizontal axis of the eye, a short distance behind the cornea. The surgeon, standing in front of the patient, pinches up the conjunctiva with a pair of tooth-forceps, and then divides the conjunctiva and the ocular fascia, or submucous cellular tissue, so as to bring into view the muscle, which is next severed a short distance from its point of attachment.

The operation was successfully performed upon both eyes, and the patient directed to remain in a darkened chamber for a few days: an anodyne to be given if severe pain came on. A dose of citrate of magnesia was ordered to be taken the next morning.

Necrosis of Humerus.

John D., æt. 22. He received a gunshot wound in the upper part of the arm, at Gettysburg, in 1863. A hollow place can be felt under the skin from the defect of the muscle injured at that point. The probe, introduced into the opening of the wound, comes in contact with dead bone, which always acts as a foreign substance, no matter how its death is produced, or how long it is retained, and keeps up irritation and discharge. It has long been a problem with surgeons and pathologists, whether dead bone is susceptible of absorption. The decision of the question has been attempted by experiment. Mr. Gulliver, of London, performed some experiments, which consisted in introducing and confining pieces of dead bone upon suppurating surfaces in the subcutaneous cellular tissue, and in the medullary canal of inferior animals: and he found, after a time, no change had taken place in them. Recently, some other experiments have been instituted, which would seem to show that a little absorption may take place. I am decidedly of the opinion that there is no occurrence of this kind.

The probe always readily detects the presence of diseased bone. But whenever a man has received a wound, contusion, or severe shock of a bone, and an abscess has formed, and there continues to be a discharge from the parts at the same time that there is a kind of nipple-shaped bed of granulations at one or both openings, any person, with a knowledge of the history of caries and necrosis, would know at a glance that there was diseased bone there. The probe is of service in determining the extent of the disease.

Upon the grooved director, the superimposed structures will be divided to an extent sufficient to permit an approach to the parts, and then the work of removal will be performed as may be found convenient. No rules can be laid down in regard to these operations, except those of the most general character. An instrument, which may be called a gouge or chisel, will be used as a scraper, or cutter, or elevator; and, as well calculated for the purpose of removing the dead portions of bone, a drill, constructed upon the same principle as that of the dentist's for cleaning out cavities preparatory to plugging, will be employed.

A longitudinal section was made, after the patient was placed under the influence of chloroform, on the front of the arm to the outer side of the large vessels and nerves, and the dead bone, which extended nearly up to the articulation, removed. The cavity was then well cleaned out, by means of a stream of water from a large syringe.

These operations are always tedious, but there is the satisfaction of having accomplished a great

deal of good. The pieces of bone removed had lain, encased in callus, ever since the injury was inflicted, and if the patient were to live a thousane years, they would remain, without being taken up or acted upon by the tissues in the slightest manner, any more than would be pieces of lead or wood. The edges of the wound were brought together by a few points of interrupted suture, and the opening was ordered to be syringed several times in the twenty-four hours with a weak solution of permanganate of potassa, as a deodorizer and slight stimulant. In the course of two or three weeks, the man will be nearly well. Medicated dressings, as a solution of sugar of lead and opium, applied with pieces of flannel cloth, and covered over by oil silk, are preferable to simple ones, especially where there is likely to be pain or swelling.

Case of Malformation.

A child, six months of age, was presented, with supernumerary fingers and toes, and a remarkable malformation of the tongue, showing itself in the form of a nipple-shaped tubercle, apparently similar in structure to that of the tongue, at the anterior and lateral aspect of this organ, little horns, as it were, growing out there. This is especially curious in connection with the malformation of the fingers and toes, there being six fingers upon each hand, and seven toes upon each foot—a double big toe and five little ones. An extra finger was removed from one hand soon after the child was born, being attached simply by a cutaneous pedicle.

It is as impossible to explain why there should be supernumerary structures, as it is to account for the deficient freaks of nature. These cases are sometimes hereditary, sometimes running through several generations.

One finger was removed from the hand, but further operation was postponed, that a drawing might be made of the feet.

Fatty Tumor of Eyelid.

Stephen H. This young man has a little tumor on the upper eyelid, caused by inflammation of a Meibomian follicle depositing plastic matter which has become organized. In this way, tumors are found sometimes of the size of a small pea, consisting essentially, in most cases, of plastic matter intermixed with fatty substances, in a state of partial organization. They sometimes project through the fibro-cartilage of the eyelid.

The tumor was removed from the outside by an incision made in the direction of the horizontal axis of the lid, just above the eyelashes. The parts might be brought together by one stitch of a very delicate thread, allowed to remain for forty-eight hours, but it is not necessary here.

These affections are frequently connected with disordered conditions of the digestive apparatus, as dyspepsia or constipation, derangement of the liver, or irregularity of the menses. Sometimes they are seen forming, one after another, especially in females, with whom they are decidedly more common. When this tendency to their formation exists, the best plan is to improve the digestive function, and to attend to the secretions of the liver, making use of a properly regulated diet, a slight course of tonics, especially the tincture of the chloride of iron and an occasional mercurial purge; sometimes giving a little arsenic.

Medical Societies.

NEWARK (N. J.) MEDICAL ASSOCIATION.

(MAY MEETING.)

Fatal Hæmorrhage from Lungs; Pulmonary Abscess.

Dr. LEHLBACH presented a specimen taken from a man, 25 years of age, who, while walking in the street one evening, was seized suddenly with violent hæmoptysis, and entering an alley-way, was taken care of by the neighbors. Dr. WOODHULL was called and arrived immediately, but the patient expired in a few minutes.

On making the *post-mortem* examination, Dr. L. found the hæmorrhage to have proceeded from an abscess situated at the top of the right lung, undoubtedly of old formation. The lung tissue around the abscess was completely solidified, presenting a dense layer of hepatized tissue, from one-third to one-sixth of an inch in thickness, the pleuræ strongly adherent to each other and to the lung and ribs, throughout. Anteriorly the walls of the abscess were quite thin. A bronchus of the second division was found to communicate with the cavity, through which the blood pouring out from the ulcerated vessels had been able to rapidly fill the air passage and produce death, partly from syncope partly from asphyxia. The lower lobe of the lung was in a high state of sanguineous infiltration, the blood having regurgitated into its bronchi during the agony, and giving it the appearance somewhat of pulmonary apoplexy. Extensive tubercular deposit was found, as also in the other lung. On inquiry, it was found that the patient had been subject to attacks of hæmoptysis during the last three years,—one very violent two years ago.

External Use of Chloroform in Burns; Prognosis of Burns.

Dr. WOODHULL gave the account of a case of extensive burning of a child, the burned parts involving nearly the whole of the upper anterior part of the body. When he was called to see the child, it suffered so intensely, and the injury seemed so severe, that he considered the prognosis as almost surely unfavorable, and in order to be able to apply some dressings, placed the child under the influence of chloroform. It then struck him that the addition of a certain quantity of chloroform to the ordinary dressing of Carrol oil which was used, might, perhaps, have

some effect in allaying the terrible suffering of the patient by producing a certain degree of local anæsthesia. Some chloroform was consequently added, and the results proved very satisfactory. Not only did the child recover, contrary to all expectations, but it was remarkable how the addition of a small quantity of chloroform to the Carrol oil alleviated the pain; so much relief was obtained from it that the child would fairly cry for its dressings.

Dr. Cross related some cases of severe burning in children. He remarked that we could not be too careful in our prognosis in these cases. Very severe cases often recover, while some, where the injury is slight, die. He remembered a case of a child which had been slightly scalded on the chest, not preventing it even from playing. The next morning it was seized with convulsions and died.

Dr. O'Gorman agreed with Dr. Cross. He had seen fatal convulsions supervene in a child upon a slight burn on the forearm; on the other hand, he saw a case recover where the face, neck, and upper part of the chest now form one complete cicatrix, with hardly sound tissue enough to warrant a plastic operation to relieve somewhat the immobility of the mouth and jaws. Regarding the use of chloroform, as observed by Dr. Woodhull, he considered it a valuable observation, and the practice well worth further trial.

Dr. Hickey spoke favorably of the use of a strong solution of nitrate of silver (5 to 10 grains to f ℥j.) as a dressing in the place of the usual modes. He had of late had very good success with this treatment; it relieves the pain to a noticeable extent, and promotes the healing process.

Cholera.

Dr. Baldwin continued his paper on cholera. A vote of thanks was tendered, and the author requested to continue the subject.

Dr. Grant, delegate to the American Medical Association, made his report, which was accepted. L.

Editorial Department.

Periscope.

The Actual Cautery in Ovariotomy.

At a recent meeting of the Obstetrical Society of London, Dr. I. Baker Brown, according to the *British Medical Journal*, gave an account of his experience in the use of the actual cautery in ovariotomy. He observed that on February 1st, 1865, he placed before the Society his first case of completed ovariotomy in which the pedicle was divided by the actual cautery. Since then, he had published ten or eleven more in the *Lancet;* (noticed in a former number of the Reporter;) and now he wished to relate his last eleven cases, and make some remarks on the use of the actual cautery. In the eleven cases the operation was completed, and all recovered. In a few of the cases the cautery was not sufficient alone, it being necessary to ligate several vessels in the adhesions, and in one case the artery which was bleeding was from a very fat mesentery, and the superabundance of fat prevented the seared edge from puckering. He considered it highly necessary to have a properly-made clamp; also, it was advisable that the iron should not be too hot, a simple red heat being best, so as not to hurry the process of separation, but to bruise the pedicle by cutting it off slowly, and afterward care must be taken not to disturb the stump. On one occasion, the author being anxious to see if the vessels were safe, (after the cautery,) gently rubbed the edges with a towel, when the crust was broken, and a small vessel bled. Of twenty-three cases of completed ovariotomy, the author had lost but two. He thought it must appear evident that his success had arisen from the use of the actual cautery.

Rupture of the Corpus Cavernosum—Death.

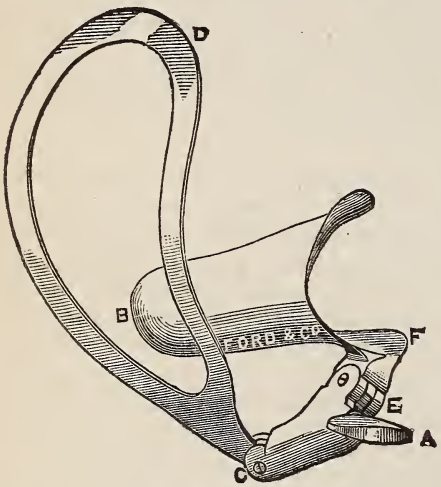
Dr. D. C. Rathburn, communicates to the *Cincinnati Lancet and Observer* a case where he was called to make a post-mortem examination of a man who was reported to have come to his death by violence at the hands of his wife, the fatal injury having been inflicted upon the penis. On examination there was found extensive sloughing of the cellular tissue in the pubic and inguinal regions, with the loss of integument and connective tissue of the left half of the penis. The urethra was ruptured one inch and a quarter anterior to its pubic attachment, involving about four-fifths of the left and one half of the right cavernous body. The doctor in attendance had made several ineffectual attempts to introduce a catheter. There was extensive infiltration of urine; and death occurred eight days after the accident. His dying statement to a friend was to this effect, that on the evening that he received the injury he was about to have connection with his wife who was mad. She seized him by the erected penis, and bending it suddenly and forcibly upon itself broke it. The physician who attended the case, when asked why he did not amputate at the break, replied that he had no authority to do so, as the books said nothing about it and we had no literature on the subject.

The Editors of the *Lancet and Observer* add several instances of this very rare accident. Prof. Eve, in his collection of "Remarkable Cases in Surgery" has recorded several instances. One was originally reported in the *American Journal of Med. Science*, by Dr. Ruschenberger, U. S. N. Prof. Mott has reported two cases, with fortunate results—under treatment of absolute rest—with cold applications.

Emmet's Perineal Retractor.

Dr. Emmet, Surgeon to the Woman's Hospital of New York, describes his "perineal retractor for vaginal examinations" as follows:

"This instrument brings the neck of the uterus into view, as with Sims's speculum, by retraction of the perineum, but with the advantage that an assistant is unnecessary. The patient should be placed in the same position on the left side, the lower limbs flexed well on the abdomen, with the upper or right leg in advance of the under one; the lower, or left arm, withdrawn from under the body, and flexed across the back, so as to rotate the chest as flat as possible on the table or operating chair. The proper position is absolutely necessary in the use of both instruments; and without it is observed in detail, a great advantage is lost. When properly applied, either will expose a larger portion of the vagina than can be done by any other instrument in use.



"After separating the instrument fully, the fenestrated blade, *D*, is turned up as represented in the cut; the vaginal portion is then introduced on the index finger of the right hand, at the same time the perineum is pushed backwards, and the instrument is held firmly in position, while the thumb-screw, *A*, is turned by the other hand, until the instrument is adjusted. By the thumb-screw, the point, *B*, of the speculum is carried into the hollow of the sacrum; with the joint at *C*, the blade *D* can be adjusted on the right buttock; by carrying it in the direction *D*, as the lower portion of the instrument in the line *C*, *E*, *F*, rests on the lower buttock, along the sulcus, and the vaginal portion is in the shape of a cone, the upper labium of the vagina is elevated. If the cervix uteri is not brought into view at once, a depressor may be needed to push aside the anterior wall, although as a rule it is not necessary. By elevating slightly the instrument at *F*, the point *B* becomes depressed so as to bring the neck often into view, when not presenting. As it is impossible to have a single blade of a size to answer for every case, as with Sims's speculum, a little manipulation is frequently needed when the vagina is unusuallylong or its wall relaxed; a depressor is therefore required; when once the neck is brought into view, it should be seized by a tenaculum, and drawn in advance of the fold, and it generally remains in position afterwards. The tenaculum may remain hooked into the cervix, as it is absolutely necessary to steady the organ properly during any manipulation, even when the neck is brought into view at once."

Dr. Emmet has used the instrument for the treatment of uterine disease, and for different surgical operations on the base of the bladder, with satisfaction. For an examination without the aid of an assistant, and for long operations, this instrument, when properly applied, affords great facility. It gives no pain, and from the steadiness with which the retraction is maintained, is preferable to the jerking and unsteady handling of Sims's speculum by an assistant unaccustomed to its use.

Absence of the Pacchionian Bodies in an Insane Person.

Dr. Greensville Dowell gives in his journal, the *Galveston Medical Journal*, an account of the post mortem of an insane man, a German, aged 46 years. The point of special interest in the case is the total absence of the pacchionian bodies, or any trace of their having existed.

"We took out the brain, which weighed 3 lbs. 2 oz. There were no abnormal effusions, *but there were no pacchionian bodies.* Where they were usually situated, was as smooth as the other surface. There were no depressions on the calvaria that would indicate that he ever had any. The corda spinalis was all white where it was divided, as also the corda oblongata. No trace of cortical substance. The brain appeared to be more solid than usual, but the convolutions were perfect, and the gyrations as deep as usual. There were no adhesions between the dura mater and pia mater, or arachnoid. No unusual amount of serum. After soaking the brain ten days, with the membranes on, I dissected it before the medical class. I did not discover any softening or unusual induration, and the cortical substance was well seen in the convolutions. The arbor vitæ was most beautiful, but the cortical substance could be scarcely seen in the oblongata spinalis.

"All the twelve pairs of nerves were well shown and natural. The pituitary gland was crushed by the chisel in taking out the brain. The fluid was glairy and, as I thought, natural. There was no enlargement of the sella turcica, or abnormal protuberances in any part of the base of the cranium.

—— The New abattoir at Chicago is completed. It has accommodations for the slaughtering of 1000 head of cattle, 3000 hogs, and 1000 head of sheep per day; and is three stories high, with a frontage of two hundred and eighteen feet, and a depth of one hundred and fifteen. Its cost is about $70,000.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 9, 1866.

SPECIAL NOTICE.

☞ WE WISH OUR READERS TO BEAR IN MIND THAT THE FIFTEENTH VOLUME OF THE MEDICAL AND SURGICAL REPORTER BEGINS ON THE FIRST OF JULY. IT IS A SUITABLE TIME FOR NEW SUBSCRIPTIONS TO BEGIN, AND AS IT IS LIKELY THAT THERE WILL BE A LARGE ACCESSION OF NEW NAMES TO OUR LIST FROM THAT DATE, IT IS IMPORTANT THAT WE SHOULD RECEIVE THEM AS EARLY AS PRACTICABLE, THAT WE MAY KNOW HOW LARGE AN EDITION IT WILL BE NECESSARY TO PRINT.

*** LET EACH OF OUR PRESENT SUBSCRIBERS MAKE IT A POINT TO SEND US AN ADDITIONAL NEW NAME.

JUST WHAT WE WANT.

Dr. EDWIN M. SNOW, in his memorial to Congress, in which he protests against the joint resolution to empower the executive authorities to institute quarantine measures against cholera, concludes as follows:

"... The undersigned ..... would at the same time earnestly pray your honorable body, that you will institute a deliberate and thorough investigation, with the view of reforming the flagrant abuses which now exist in some of our seaports, *and of establishing a uniform system of quarantine regulations, and particularly of naval hygiene, founded upon the true nature and causes of diseases, and in accordance with the latest and best evidence upon the subject.*"

This is just what we want—*a uniform system of quarantine*, with such full accommodations *on land*, to carry out sanitary regulations in regard to the cleansing and purification of passengers, baggage, and vessels, that the reproach of inhumanity and barbarism, as well as the danger of the introduction of portable diseases, will be removed.

QUARANTINE.

In a letter which has appeared in the *London Times*, Mr. HARRY LEACH, the Resident Medical Officer of the *Dreadnought* Hospital-ship, offers some very useful information on this subject, gathered by himself in a recent visit to Turkey and the Principalities. In those countries, as is well known, the system of quarantine has long prevailed and has been wholly inefficient, but Mr. LEACH points out that the inefficiency is due to the absurd manner in which the quarantine regulations are carried out, and not to the system itself. In fact, it appears that quarantine in Turkey is a mere farce, the lazarettos being placed in close proximity with the habitations or workshops of healthy persons; and even at Marseilles, where the authorities ought to know better, the lazaretto is close to the steamboat pier. On the other hand, Mr. LEACH points out that in the Kingdom of Greece, and in the islands adjoining the Morea, *the system of quarantine is strictly enforced*, and with such good results *that cholera has been completely shut out from the main land, and from the islands, even although it has raged in the countries all around them.*

EXTENSIVE LEAD-POISONING FROM THE USE OF LEAD GROUND UP WITH FLOUR.

During the last two months, we are informed by a correspondent of the *New York Tribune*, the people residing in that portion of Walkill Valley which lies in the western part of Orange county, were attacked by a disease which exhibited the most positive symptoms of lead-poisoning, although for some time the cause of the occurrence remained in the dark.

"In some cases whole families were stricken down, while in others only one or two members of a family were attacked. Sometimes the disease assumed a violent form and caused death; and again it was of a milder type, and the patients were relieved. To-day hundreds are suffering from its effects.

"The symptoms most prominent in these cases have been obstinate constipation, severe pain in the abdomen, nausea and persistent vomiting, colic, difficulty in voiding urine, and in many instances the evacuations being mingled with blood; pain and heat in the region of the kidneys, cramps and partial paralysis of the upper extremities, and an anxious gloomy expression of countenance. The above are the symptoms which have been present in a greater or less degree of prominence and severity in every case.

"After considerable research, it was found that the lead was conveyed into the stomachs of the sufferers by bread and meal, and as a greater part of those staples were manufactured at the mill of a Mr. MARSH, at Phillipsburg, an investigation was at once made in that direction, and the following facts were elicited, much to the surprise of every one, the miller himself included:

"It appears that Mr. MARSH had gained an enviable notoriety for the superior quality of his flour, and that the farmers for many miles around were in the habit of bringing their wheat and corn to his mill to be made into flour and meal. Aside from this, he exported largely, so that his mill, which has four run of stone, was kept constantly going—by night as well as by day. One set of these stones was set apart for his "custom" work. This was an old set, constantly needing repairs, and large cavities frequently manifested

themselves, which, instead of being filled up with the cement generally used for that purpose, were filled with common lead. Some of these holes were as large as a hen's egg, one, we are informed, being as large as the palm of a man's hand. If, when filled, the lead projected above the surface of the stone, it was hammered down level. They were then adjusted, the grain was run in, and the motion began, and was gradually increased until a very high rate of speed was attained. Of course, the attrition caused by this velocity detached particles of lead from the stone and mingled them almost imperceptibly with the flour. Each moment increased the amount, so that to every pound of flour there was enough lead imparted to make small buckshot. With the enormous business of Mr. Marsh, the reader can imagine how much lead was being distributed throughout the surrounding country, to be absorbed into the systems of those who partook of the flour.

"The lead in this form was comparatively harmless, but when fermented and subjected to the baking process, it was immediately transformed into carbonate of lead—the deadliest of all lead poisons. Bread of this kind was but little better than bread spread with white lead as a substitute for butter.

"As soon as it became apparent that the disease sprang from the bread of which the sufferers had partaken, Dr. Dorrance and Mr. King at once determined to analyze the flour. Samples were procured, and to their astonishment, they found that the lead could be discerned with the naked eye. Next, a microscope revealed it beyond a doubt, and as a still further proof, it was subjected to some six standard tests, each one showing the presence of lead in large quantities. After these tests, all the flour which had come from Marsh's mill was immediately returned to him, and the mill ceased running; but the mischief was already done, the seed had been sown and the fruit was coming forth at an alarming rate; the young and old were stricken down, those who were afflicted with any chronic disease being the greatest sufferers."

The following is a tabular statement of the number of cases treated by the physicians in the neighborhood, from the middle of March to the present time:

Dr. Dorrance,	40
Dr. Everett,	51
Dr. Johnson,	38
Dr. Bradner, (severe,)	9
Dr. Smiley, about	30
Dr. Wright, about	45
Total,	213

This only includes the region in the immediate vicinity of Middleton, and does not embrace Goshen and its environs; but there have been over one hundred cases in that neighborhood.

We hope that some of our readers in Orange county will favor us with an account of the most interesting features of this "wholesale poisoning."

CONVENTION OF REPRESENTATIVES FROM MEDICAL COLLEGES IN THE WEST.

We learn from the *Chicago Medical Examiner* that, in response to a call of the Faculty of the Ohio Medical College, a convention of representatives from Medical Colleges of the West was held at Cincinnati, April the 14th, for the purpose of agreeing upon a more uniform rate of lecture fees. Seven schools were represented by delegates, three more expressed their concurrence in the object of the Convention by letter, five remaining unrepresented.

The following preamble and resolutions, offered by Prof. N. S. Davis, were unanimously adopted:

"*Whereas*, The cause of medical education requires the establishment and maintainance of permanent colleges, with all the necessary means for illustration and practical instruction, as well as competent teachers, thereby involving a large annual expenditure of money, therefore,

"1. *Resolved*, That a reasonable demand for lecture fees is required by the best interests both of the Colleges and those who patronize them.

"2. *Resolved*, That competition among Medical Colleges, to be beneficial to the profession and the cause of medical science, should be based *entirely* on the ability of those engaged as teachers, and the completeness of their curriculum, with the facilities for practical demonstrations accompanying it, and not on *mere pecuniary* differences in the cost of attendance; and hence, the fees charged in all the Medical Colleges, in a given section of country, should be uniform, or so near uniform that the actual cost of attendance in the different colleges shall be practically equal.

"3. *Resolved*, That inasmuch as only a limited number of students can be properly accommodated or educated in any one college each year, any State which, with enlightened liberality, should so endow the medical department of its State University as to make education therein free, ought to so far regard the interests of the institutions of other States as to limit the freedom of its instruction to the citizens of its own State.

"4. *Resolved*, That in the opinion of the College faculties here represented, the aggregate annual fees for instruction in each College should be not less than $105 for each student.

"5. *Resolved*, That a committee of three be appointed to communicate the foregoing views to the faculties of the several medical colleges not here represented, and also to the Regents of the University of Michigan, with a view to the ultimate removal of such obstacles, legal or otherwise, as may be in the way of the voluntary adoption of the sum named in the fourth resolution, or some other sum near it, as a uniform standard of college fees; and to take such measures as they may deem necessary, and report to a future Convention called for that purpose.

"6. *Resolved*, That the Colleges here represented would, in the opinion of the delegates present, be willing to lengthen their annual lec-

ture terms to six months, if by so doing practical uniformity in the standard of fees could be fully secured."

We hope the objects of the Convention, as expressed in these resolutions, will be speedily accomplished. The *underbidding* in the fees of some of the medical schools has been an evil, as well as a serious reproach upon the profession.

Notes and Comments.

Cholera.

Dr. W. T. Taliaferro, of Cincinnati, Ohio, a practitioner of long and extensive experience, writes us in a business note:

"Cholera is now engaging the attention of the medical world more than any other subject, and not a word have I heard or read that is new.

"The Pathology of cholera is the absorbing question before our Academy of Medicine, and we know no more about the pathology of cholera than Lizzar did in 1832–3. I am sorry to see Dr. Sayre, of New York, urging quarantine and contagion. During the epidemic cholera, I saw, in 1832–3, too many cases isolated from water-courses or public highways, ever to believe it contagious. Crowded places and filth increase the disease beyond doubt. I have never known the cholera to attack any man engaged in post mortem examinations or extensive dissections, a fact worthy of note."

Quinine a Constituent of the Body.

It is too soon, says the *Lancet*, to say, that chemists have discovered that quinine is a natural constituent of the body; but they have found in the textures of the body of the guinea-pig a substance which they find it hard to distinguish from quinine. The discovery came about in an unexpected way. Dr. Bence Jones and Mr. Dupré were making experiments with a view to ascertain the rate at which substances passed into and out of the textures. They chose quinine because of its effect, or rather the effect of an acid solution of it upon light. Quinine was given to one guinea-pig and withheld from another. Both were killed. The organs and tissues of each were subjected to a process of heating in a water bath with very dilute sulphuric acid; and from the tissues of the one that had not taken quinine, was extracted a fluorescent substance, the solution of which acted on the spectrum almost precisely as the solution of quinine. Not only by the mode of its extraction from the tissues and its behaviour toward light was this substance not to be distinguished from quinine, but in its chemical relations with various other substances it very closely resembled the alkaloid of cinchona. For the present it has received from the above gentlemen the name of Animal Quinoidine, and is supposed by them to be one of the earliest products of the downward passage of albumen.

Medical Society of the State of Pennsylvania.

The Society will convene at 11 o'clock. A. M., at Wilkesbarre, on the 13th inst.

The Pennsylvania Central, the Lehigh Valley, and the Lackawanna and Bloomsburg Railways will return delegates, on certificate of the Secretary, free.

The North Pennsylvania, the Reading, and the Catawissa Railways will issue excursion tickets at half fare, good from the 13th to the 17th.

Arrangements are in progress with other Railway lines, but are not yet completed.

Returned from Europe.

Dr. Louis Bauer, of Brooklyn, New York, has returned from Europe, and we have reason to believe that his observations there will be made available to our readers.

Books, &c., Received.

Scripture Testimony against Intoxicating Wine. By Rev. Wm. Ritchie, Dunse, Scotland. Pp. 213. 12mo. New York: National Temperance Society and Publication House.

Correspondence.

DOMESTIC.

Portability of Cholera.

Editor Medical and Surgical Reporter:

In your last number, of May 19th, I observe a letter from Dr. Edwin M. Snow, of Providence, R. I., in which he still insists in placing false assertions before the public as facts, in order to prove his theory of the spontaneous generation of *Asiatic cholera* on this continent; and again repeats the statements of Drs. Parker, Crane, and Stone, that there were 31 cases and 27 deaths by *Asiatic cholera*, on Ward's Island, in November and December last. He says:

"*Another Fact.* At the time the *Atalanta* arrived in New York last fall, Dr. Sayre boasted that the quarantine kept the cholera out of the city. Recent developments show that in November and December, there was an endemic of genuine Asiatic cholera in one of the hospitals of Ward's Island; there being 31 cases, of whom 27 died.

"Dr. Sayre denies that this disease was cholera; but Dr. Ford, Physician-in-Chief of the hospital, who was previously acquainted with the disease, says positively that it was *Asiatic cholera.*"

As I have already fully answered this erroneous statement, in my letter to the Board of Health, on the 27th of April, and which they refused to read, but ordered on file without making known its contents, I can do no better than send you a copy of the same, as published in the *New York Herald*, of April 29th.

As this letter appeared in a secular paper from *necessity*, it is possible that Dr. Snow may not have seen it, and I am therefore obliged to him for the opportunity of spreading these *facts* before the medical profession in your most valuable and widely-read journal.

The Cholera on Ward's Island.

To the Editor of the Herald:

The following report was sent to the Metropolitan Board of Health, in order that they might correct their erroneous statement of "twenty-seven deaths by Asiatic cholera on Ward's Island, in November and December last;" but I see by the report of their transactions that they ordered it "on file without permitting it to be read," thus proving that they are attempting to suppress testimony in order to sustain their false position, and I have, therefore, deemed it my duty to give the facts to the public.

Lewis A. Sayre, M. D., 285 Fifth Avenue.

To the Metropolitan Board of Health:

Observing the Report of the Metropolitan Board of Health, as published in the papers of yesterday, I see it stated:

"Dr. Crane read a lengthy document in reply to the card of Dr. Sayre, refuting the assertions made by Dr. Stone and the Sanitary Committee, in relation to the number of deaths from cholera alleged to have occurred on Ward's Island. The various cases which resulted fatally are cited in the communication, and from the records and the testimony of Drs. Ford and Guleke, it was established beyond cavil that, between the 22d of November and the 20th of December last, thirty-one cases of cholera occurred on Ward's Island, in one building, and that of these twenty-seven were fatal. These cases were entered on the death-books of Ward's Island as Asiatic cholera."

As this is a question of veracity between these gentlemen and myself, I beg leave to substantiate the truthfulness of my former statements by referring, first, to Dr. Ford's own published testimony, as it is found in the Annual Report of the Commissioners of Emigration for the year ending December 31st, 1865. On page 52, he states:—"Diarrhœa and dysentery were much more prevalent than in former years, but did not appear of an epidemic or fatal character until the rainy period, which occurred in November, when it assumed an epidemic or choleraic type. On the 22d day of November, the first fatal case was recorded, followed daily by others, until the middle of December, when it mitigated, owing probably to the favorable change which had previously taken place in the weather and the sanitary measures then adopted to arrest it. Still it continued in the same building in which it had commenced up to the 20th of December, when it entirely ceased. There were thirty-one cases of this epidemic, of which twenty-seven died."

This statement is dated Ward's Island, Jan. 1, and signed "George Ford, M. D., Physician-in-Chief." Here is Dr. Ford's official statement, in the annual report, that these twenty-seven cases died of diarrhœa and dysentery. How, then, can these gentlemen state that, from Dr. Ford's testimony, they were all cases of Asiatic cholera? We leave it for Dr. Ford and themselves to settle.

On page 58, we find:—"During the month of November, some cases of cholera morbus appeared in the surgical wards, as well as in the medical department. At this time considerable excitement was prevalent in the city regarding the appearance of Asiatic cholera, but after a careful investigation, these cases were pronounced to be common cholera, complicated with typhoid symptoms. The subsidence of the disease has proved the correctness of the opinion." Signed officially, "J. M. Carnochan, Surgeon-in-Chief."

In looking over the statistics of death on page 56, which purport to be a record of all the cases of death having occurred in that institution during the year, I find: "Cholera infantum, 9; cholera morbus, 7;" and I have hunted in vain for a single case of *cholera Asiatica* in the whole list of deaths, embracing the entire year. Inquiring at the City Inspector's office, I learn that the record of deaths from Ward's Island, as rendered to him officially every week by James P. Fagan, Superintendent, contains no case of Asiatic cholera from that gentleman during the year 1865. And yet we are informed by Doctors Crane and Stone, that "on the death-book these twenty-seven cases of death were entered as cases of Asiatic cholera." I ask Mr. Fagan where he makes up his statistics from? I ask the Commissioners of Emigration and Dr. Ford where do they make up their statistics as published in their annual report, on page 56? Are these statistics furnished the City Inspector, and also published in their sworn annual report, the true statistics of deaths in the hospital, or do they keep another book of deaths for the investigation of Doctors Parker, Crane, and Stone, in which the cases of Asiatic cholera are recorded, which they have failed to publish to the world, as it was their sworn duty to do? On page 16. of the Annual Report of the Commissioners of Emigration, we find another statement:—"Diarrhœa and dysentery prevailed much in the latter part of the year until in the last week in November and most of December. During a period of rain and damp they assumed a choleraic type, much resembling the Asiatic cholera. It spread rapidly in the building where it first appeared, until twenty-seven deaths occurred. This caused

great alarm on the island, which reached the city, though the time which had elapsed since the landing of the emigrants attacked made it highly improbable that the disease could be the Asiatic or imported cholera.

"After a careful investigation, the cases were pronounced to be common cholera, complicated with typhoid symptoms, which opinion was confirmed by the entire subsidence of the disease, which passed off by the 20th of December, and has not reappeared." This annual report is signed G. C. Verplanck, Andrew Carrigan, Cyrus Curtiss, John P. Cumming, Wilson G. Hunt, A. A. Low, Philip Bissinger, C. Godfrey Gunther, A. M. Wood, and sworn to before Bernard Casserly, Notary Public, as being "correct to the best of their knowledge and belief," on page 30. I ask these gentlemen which of these reports are we to believe—their sworn statistics, which were made up from the records of their hospital, or the death-book to which Dr. CRANE and Dr. STONE had access, and in which they state "was entered twenty-seven deaths by Asiatic cholera."

Sustained as I am by the facts as recorded and sworn to by these gentlemen of well-known reputation in this community, I again repeat my first assertion, that no case of Asiatic cholera occurred or died on Ward's Island during the year 1865.

LEWIS A. SAYRE, M. D.,
Late Resident Physician.

As Dr. A. N. BELL, of Brooklyn, refused to take this statement as evidence, in the discussion of the subject before the American Medical Association, at their recent meeting in Baltimore, simply because it was printed in the *New York Herald*, I herewith send you a copy of the "Report of the Commissioners of Emigration," in order that you may see that I have made the quotations correctly.

Dr. SNOW, in his paper, also makes this assertion:

"*Another Fact.* Two cases of genuine Asiatic cholera have originated in New York city very recently, in which, it is well known, there could have been no possible connection with each other, nor with any other cases of the disease."

"Let the profession judge in what direction the facts seem to point."

With the suggestion in this last sentence I most heartily concur, and earnestly request the profession, carefully and honestly, to examine these *facts;* and they will be found, like his other "*facts*," to be simply *fiction*.

I have just seen Dr. STEPHEN SMITH, Medical Director of Hospitals under the Board of Health, who made the post mortem examination of the only fatal case of the supposed disease that has occurred in the city; and he states distinctly that it was not *Asiatic cholera*, and that Dr. ELISHA HARRIS agrees with him in this opinion.

"That neither of the cases were *Asiatic cholera;* but cases of sporadic cholera, or cholera morbus, such as we have here every year. That it was neither portable nor communicable, and could only be induced when persons were exposed to the same exciting causes which produced it in those affected with it. And in this respect entirely different from *Asiatic* cholera, which was both *portable* and *communicable*."

I quote accurately Dr. SMITH's own language.

As to the other case in Mulberry street, Dr. SMITH states that she recovered, and that her child, which was supposed to have died from cholera, "did not die from that disease, but died from inanition or starvation."

As to Dr. SNOW's assertion, "that the American Medical Association has honored itself by refusing to pass resolutions approving the doctrine of portability, and in favor of quarantine for cholera," that is simply a matter of opinion, in which it seems but very few agree with Dr. SNOW, judging from the list of distinguished names that signed the protest against that action. And as Congress has seen fit to follow the advice of these protestants, and have passed a bill, establishing a uniform system of quarantine, it would also seem that the opinion of this distinguished body is also radically different from that of Dr. SNOW.

Dr. SNOW charges me with having boasted that quarantine kept the cholera out of the city last fall, on the arrival of the "*Atalanta*." I made no boast of the matter, but simply stated the naked *fact*, which still remains undoubted, and as we have had no cholera in the city, I have no doubt but that it can be attributed to that *fact*.

LEWIS A. SAYRE, M. D.,
285 Fifth Avenue, N. Y.

Criminal Abortion.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

I have been much interested in the articles recently published in the REPORTER, relative to criminal abortion. It is not charlatans alone who are guilty of such a crime, but I believe some physicians, having a good reputation publicly and professionally, stoop to the same flagrant outrage upon unsuspecting and weak-minded females. There are few women, especially if *legitimately* pregnant, who would submit to an abortion by instruments or medicine, were they aware that the crime is *absolute murder*, and that to destroy their offspring would greatly endanger their own lives. Are they not, on the contrary, told that there is no danger to themselves, and that it is not murder to take the life of a fœtus before viability?

About two months ago I was called to the bedside of a young girl, aged 17, eight months gone

in pregnancy. She had complained of nothing specially, until the morning that I saw her. She was seized with pain in the head and back, nausea and vomiting. The tongue was brown, and rather dry in centre, red at tip and edges; skin very hot and dry; pulse 120. At 3.30, P. M., same day, found her extremely restless, pulse 140, somewhat delirious, headache gone, pain in back more severe.

Upon a vaginal examination I found she was in labor, and by 4, P. M., she was delivered of a still-born fœtus, small in size, otherwise normal. I should judge from its appearance that life had been extinct for some time. To be brief,—the patient grew rapidly worse, and died at 4, P. M., the following day, with the usual symptoms of puerperal fever. The autopsy confirmed the conclusion.

The patient stated to me and to some of her acquaintances,—I fear with veracity,—that a physician (naming him) had been endeavoring for months to produce abortion, by giving her pills and other medicines. What the remedies were I was unable to learn, but I am satisfied that the girl's death was caused by blood-poisoning, and that the toxicohæmia was in all probability produced by the medicines taken.

I regret much that there was not sufficient evidence to have a legal examination of the sad circumstances.

Should you permit this communication a place in your columns, and should the physician who has the charge of two departed victims registered against him read it, and feel conscience-stricken, my prayer is that he may take warning by the terrible result, and "flee from the wrath to come,"—when the murdered mother and her innocent babe shall appear against him before a just tribunal. W.

New York, 5 mo. 24th, 1866.

News and Miscellany.

"Septic" Cholera.

In his report on Cholera, to the Health authorities of Boston, Dr. William Read, City Physician, has the following remarks:

"It is proper to state, that there are three diseases, all of them characterized by excessive action of the alimentary canal, and all of them going by the common name of cholera, which are entirely and essentially different.

"These are, first: 'Cholera Morbus,' so called, but which, for greater scientific accuracy, an English writer proposes to name 'Endemic Hepatic Cholera;' 'Asiatic Cholera,' or, more properly, 'Epidemic Intestinal Cholera;' and a disease more rarely known, but well recognized, for which the same writer uses the term "Septic Cholera.'

"The first of the three occurs under the influence of the seasons; originates in excessive action of the liver; affects, it may be, many persons at a time; and occasionally proves fatal; but never spreads by intercommunication, nor moves from country to country.

"The second is not controlled or affected by season or place. It may begin with a single case, or great numbers may be seized at once. It has a tendency to spread from its original starting-point, moves from country to country, and, in the main, presents the same symptoms wherever it goes. These symptoms are, an excessive secretion from the mucous membrane of the alimentary canal, while the function of the liver is either unaltered or entirely suspended.

"The third is caused by the absorption of the poison which emanates from decaying animal or organic matter, and is seen in those who dissect in ill-ventilated rooms, and frequently occurs among persons who are employed in removing night soil, or cleaning out sewers. I have been informed that well-marked cases of this have been noticed amongst the medical students at the College in this city, and the outbreak of sickness in the Home for aged Females, in Charles Street, reported to this office by Dr. Francis Minot, physician to the Home (city document No 73, 1865), was, undoubtedly, an instance on a large scale, twenty-seven of the inmates having been attacked in one night. A peculiarity of this last affection is, that after a time, those who are subjected to the influences which produce it, lose their susceptibility and are no longer affected, until the practice of the art or calling which brought them into daily contact with the cause, having been intermitted for a while, the party returns to it again,—a fresh man as it were,—once more to acquire a tolerance, by passing through another seasoning."

Dr. Minot, to whose report Dr. Read refers, speaks of the outbreak referred to as follows:

"Numerous cases of vomiting and diarrhœa occurred early in the season, and the disease soon became an epidemic in the house. Some of the cases terminated in regular dysentery, a few of which were severe, but notwithstanding the age and debility of some of the patients, but one death occurred; this was in a woman nearly ninety-three years old, but who was previously in good health. Another patient who had dysentery severely was ninety-two years old, and in a state of partial dementia, but she recovered. I cannot state the exact number of cases which occurred during the three summer months, but it was large, as may be seen from the fact that twenty-seven inmates were taken sick in a single night. The whole number may have been between fifty and sixty, but many of them were light cases."

——Professor William Warren Greene of the Maine Medical school, recently performed the operation successfully of trephining the jaw, and removing a portion of the dental nerve for the cure of neuralgia.

Relief of the Underground Population in New York

The Battery Barracks have been turned over by the War Department to the Metropolitan Board of Health, to be used in the relief of the cellar population. Dr. STEPHEN SMITH Reports as follows to Dr. DALTON Sanitary Superintendent:

"The barracks consist of seventeen separate buildings, ten of which are designated for barrack purposes, one for officers' quarters, one for mess-room, and one for kitchen. When turned over by the War Department to the Board of Health, they were occupied with military stores and old furniture. They were in a dilapidated and filthy condition, and utterly unfit for occupation without a very extensive cleaning and repairing. The work was immediately undertaken under the supervision of Mr. KAYSER, and has been prosecuted to its completion with as much despatch and thoroughness as possible, considering the extent of the required improvements. All the buildings except two, from which the military stores are not yet removed, have been cleansed, whitewashed within and without, the floors repaired, &c., and are now in proper condition for occupation. To accommodate such families as may from time to time be sent there until their domicils are cleaned, two buildings have been partitioned off, so as to separate the families and render them comfortable. Nine apartments are made in each building, making accommodations for eighteen families. If the entire number of barracks were thus subdivided, there could be provided apartments for upward of one hundred families. The Battery Hospital, which has also been transferred to the Board of Health consists of five pavilions with officers' quarters, mess-room, store-rooms, &c. There are ample accommodations for three hundred patients. These buildings are undergoing proper repairs, whitewashing and cleaning, and will soon be fit for occupation. A considerable amount of hospital furniture was also turned over, but it consists, for the most part, of condemned articles. In regard to the barracks, which will not be required for hospital purposes now that the hospital of the Battery has been turned over to the Board, I would suggest that they be converted into temporary residences for that class of families whose domicils must be permanently abandoned. One hundred cellars of the worst character might be almost immediately closed, and five hundred people now living destitute of every condition of health, can be placed in clean, well-aired, and well-lighted apartments. As a permanent sanitary work it is doubtful if any single reformatory measure can compare in importance with the removal of the underground population to habitations above the surface. It would reduce the total death-rate of New-York permanently more than any other change that can be effected in the social condition of the poor.

"There are now three practicable methods of removing the cellar population. The first is by turning them upon the street. Second, by providing for them temporary support. And the third, by providing only shelter. The first measure would involve much suffering, and lead to the excessive over-crowding of tenant houses. The evil sought to be remedied would not be very materially diminished, and might be greatly increased. The second measure has this disadvantage, that if the Board of Health assume the support of the poor, they are at once pauperized. No amount of persuasion or force would afterward make the majority self-supporting. The third plan obviates the objections of the first two, and with the means now at the command of the Board it can be made for the most part voluntary work. Though a work of this character and magnitude requires to be planned with deliberation and executed with great discretion, yet in view of the apprehended prevalence of cholera, when prompt and decided measures must be taken, and executed with this very class, it becomes a question if it is not better to begin the work of removal now, when there is no special cause of haste. If the work is undertaken now, the removal may be entirely voluntary. One by one families may be removed to the rooms in the barracks, and their former quarters can be immediately and forever closed as places of human habitation. The plan, reduced to practice, may be stated as follows. 1st. Let the police report one hundred of the worst cellars in town. 2d. Let well-appointed agents—whether police, religious, or medical—visit those cellars, and proffer the inmates clean and comfortable apartments, if they will abandon their present quarters. 3d. Remove every family which consents to move to these barracks, with their most useful articles of furniture; give them suitable rooms, but promise them no further support. We should thus have gathered in those buildings a colony of five hundred people. Ample baths are already established, and also a large wash-house and laundry. Discipline as regards good order, cleanliness and sobriety, could be rigidly enforced. The question of support each tenant would settle for himself. Those who have trades, as shoemakers, tailors, etc. could readily obtain work from wholesale stores, and laborers could pursue their avocations with as much freedom as ever. It would not be long before families would be found in such a community, who had began to thrive, and who could afford to take good rooms in the city, or who might prefer to go to the country. Thus the progress of disintegration might almost immediately commence, and places be made for new families."

—— ANECDOTE OF SIR ASTLEY COOPER. The following anecdote is told of Sir ASTLEY COOPER, as a proof of the sagacity of medical men as professional witnesses. He was called to see a man, who, while sitting in his chair in a private room, had been mortally wounded by a pistol shot from the hand of an unseen person. Sir ASTLEY having done what was necessary respecting the wound, compared closely the direction from which the pistol was fired with the position of the wounded man, and he came to the conclusion that the pistol must have been fired by a left-handed man. The only left-handed man

known to be on the premises at the time was an intimate friend of the deceased, against whom there was no suspicion, but this observation led to his arrest and trial, and he was subsequently convicted of this act of murder.

—— The Cholera in Liverpool.—Four more deaths have taken place on board the hospital-ship *Jessie Munn*, and several new cases have broken out. The cholera has also broken out amongst the Germans in the Depôt at Birkenhead.

—— Dissection in 1505.—Prof. Struther in a lecture on the Edinburgh Anatomical School, before the College of Surgeons, says that the earliest notice of dissection in Edinburgh is in the first charter of this college, granted by the Town Council in 1505, and ratified by James IV. in the following year. The candidate for admission was to be examined in anatomy, and the surgeons were to have a body once a year, for dissection. This was more than a century before Harvey discovered the circulation of the blood, and it is remarkable that the municipal authorities of Edinburgh should have, at so early a period, given legal recognition to dissection, as the groundwork of the healing art. We have no information of any change during the next two centuries. Medical education was by apprenticeship, with these occasional dissections by the surgeons for the instruction of themselves and their apprentices.

——The expenditures of the British Museum last year amounted to £101,808 14s 4d. During 1865, 359,067 persons visited the institution, 4158 books were used daily. The number of readers was 100,271, or on an average 349 a day.

—— Dr. McGowan asserts that there are more imbecile persons and more afflicted with goitre in the moist valleys of the Susquehanna than elsewhere in the United States.

—— The amount of property bequeathed by the late Moody Kent to the New Hampshire Asylum for the Insane, is estimated at $135,000.

—— Ward the sculptor has nearly finished a marble bust of the late Dr. Valentine Mott.

MARRIED.

Blair—Stewart.—By Rev. B. C. Critchlow, May 10th, Mr. Andrew Blair, of Carlisle, Pa., and Miss Mary, daughter of Dr. Thomas Stewart, of New Brighton, Pa.

Edgetrille—Cormach.—In Boston, Mass., May 24, by Rev. F. Hoppin, Dr. S. St. Clair Edgetrille, and Miss Martha Cormach, both of Cambridge.

Falk—Miller.—At the residence of the bride's parents, Akron, Ohio, April 26, by Rev. C. Smith, Dr. F. F. Falk, of Western Star, Ohio, and Miss Mattie Miller.

Lundy—Slaymaker.—May 17th, by the Rev. Jacob Coon, David W. Lundy, M. D., of Albany, Illinois, and Miss Sarah C. Slaymaker, of Newton Township, Whiteside county, Illinois.

Martin—Howard.—In Greenfield, Indiana, May 3d, by Rev. John Hill, Dr. Samuel M. Martin, of Rensselaer, Indiana, son of Dr. William H. Martin, formerly of Rushville, and Miss Flora, daughter of Dr. N. P. Howard.

Shields—Davis.—May 8th, at the residence of the bride's father, by Rev. D. J. Irwin, assisted by Rev. J. P. Bollman, Dr. J. M. Shields, and Miss Anne Davis, all of Indiana county, Pa.

Stewart—Blair.—On the 8th of May, by Rev. J. C. Bliss, Dr. W. G. Stewart, of Middle Spring, Cumberland county, Pa., and Miss Mattie Blair, of Carlisle, Pa.

Van Norden—Paterson.—May 25, in the 4th Avenue Presbyterian Church, N. Y., by Rev. Howard Crosby, D. D., Dr. Thomas Langden Van Norden, Jr., and Mary Maitland, youngest daughter of the late Geo. W. Paterson, all of New York city.

DIED.

Adair.—May 5th, at his father's residence, in Indiana county, Pa., Dr. J. Todd Adair, late Assistant Surgeon of the 77th Reg't P. V. V. I., in the 31st year of his age.

Cox.—At his residence in New York, May 29, Henry G. Cox, M. D., aged 47 years.

Melick.—In Light Street, Columbia county, Pa., May 17th, Daniel Ramsey Melick, M. D., aged 26 years.

Swan.—In Medford, Mass,, May 26, Mrs. Sarah Swan, widow of the late Dr. Daniel Swan, aged 65.

OBITUARY.

Died.—In New Market, Tenn., on the 27th May, of congestive remittent fever

Dr. Archibald Blackburn,

in the 65th year of his age.

Dr. Blackburn is gone, and this community once more gathers around the new-made grave to mourn the loss of one of the best of God's creation. The writer of this comes to offer his humble tribute to the memory of the good man, the warm hearted physician, and the pure Christian, whose name has become a household word in our midst, and whose memory will never cease to live in the hearts of those who knew him.

Dr. Blackburn was born in Washington county, Tennessee, on the 18th of January, 1802, and came to New Market at the age of twenty-four years, to pursue the practice of the profession of medicine, in which he continued up to the period of the illness which led to his death. Soon after locating here, he united himself with the Church of Christ, in which he lived and died, having always ready a reason for the faith that was in him. He was a good physician, a devoted Christian, and a man whose genial influence was shed all around him. He leaves us now at that period of life when our hearts have all gone out towards him, beloved and mourned by his professional associates, and the entire community in which he has lived for so many years. As we gather around his last resting place, beneath the shadow of the oak where we laid him, we recall, with melancholy pleasure, his noble virtues, and mingle our tears with those of the son who is left to mourn his loss. R.

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Dr. D. W. J., Kittery, Mo.—Sent by mail, May 30, Ashton, on Rectum and Anus.

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May,	21,	22,	23,	24,	25,	26,	27.
Wind	N. W.	N. W.	N.	N. W.	S. W.	S.	S. W.
Weather	Clear. High Wind.	Clear. Frost.	Clear. Frost.	Clear.	Clear.	Cl'dy.	Cld'y. Rain. T. & L. 8-10
Depth Rain							
Thermometer.							
Minimum	62°	42°	45°	43°	50°	55°	54°
At 8 A. M.	65	55	52	61	62	59	65
At 12 M.	73	58	61	68	73	74	72
At 3 P. M.	70	59	61	67	73	71	76
Mean	67.50	53.50	54.75	59.75	64.50	64·75	66.75
Barometer.							
At 12 M.	29.7	29.9	30.1	30.1	29.9	29.8	29.6

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THE

MEDICAL AND SURGICAL REPORTER.

No. 485.] PHILADELPHIA, JUNE 16, 1866. [Vol. XIV.—No. 24.

Original Department.

Communications.

TWO REMARKABLE CASES.

By John G. F. Holston, A. M., M. D.,
Late Surgeon and Brevet Lieut.-Colonel, U. S. Vols.,
Of Zanesville, Ohio.

1. Brisement Forcee for Incomplete Anchylosis.

This operation has been so often practised, that the only reason for relating the following case is its extensive character and the small disturbance of the system following it.

Mrs. ———, a soldier's widow, had suffered for nearly a year from articular rheumatism, for which she was first treated in the U. S. General Hospitals at Chattanooga and Nashville; afterward, for several months, in the Commercial Hospital at Cincinnati, Ohio. She had undergone every variety of treatment, and among others, had been repeatedly salivated. Out of the last institution she was dismissed, apparently cured of her rheumatism, but suffering its consequences.

When I saw her, she hobbled with difficulty on crutches. The right shoulder-joint was scarcely movable, the humerus bound down to the side, the elbow bent and almost immovable, the right knee straight and stiff, the right ankle-joint, the wrists and fingers of both sides in the same condition. Though her general health was good, she was a most pitiable object, and readily assented to any plan proposed for her relief. She accordingly was thoroughly chloroformed, and I began with the humerus, having the scapula firmly held by my son. By means of the bent elbow, rotation was first performed extensively, then to-and-fro motions, and at last, the arm was extended straight up, parallel to the axis of the body. The adhesions had given way with a loud crackling and grinding noise. During the last mentioned manœuvre, the head of the bone slipped out of the glenoid cavity and under the pectoralis, but was immediately reduced by manipulation, without the slightest trouble.

The elbow and knee were next broken across my thigh, the latter requiring all the force I could exert, and then extended. The wrists and smaller joints offered no great difficulty.

Anæsthesia continued fifteen minutes after the completion of the operation. Felt but little pain, but was ordered twelve grains of pulv. Doveri at bed-time, and cold applications to the joints.

Next day, feverish coated tongue, broken joints hot. Took a dose of salts (Epsom) in the morning. Continued cold applications. Salts operated several times in the afternoon, leaving her free from suffering. Slept well that night, without opiate. This almost ended the treatment. Passive movements were commenced on the third day, and on the eighth, she was on her feet, walking without crutches, and able to raise the right hand to her head. The fingers of the right hand were broken over on the fifteenth day, having again become rigid. Eight months have now elapsed, and she remains well, transformed from a helpless pauper to a person capable of earning her own living.

2. Imperforate Anus.

About five weeks ago, I was requested by Dr. Young, of West Zanesville, with him to visit the new-born child of Mr. ———, two days old, and be prepared for a serious operation for imperforate anus. Armed with a stout rectum trocar, a female sound, etc., I at once visited the case. The child was a healthy male, of full term. It had never taken the breast, nor had an evacuation per anum, but had urinated. For the last twenty-four hours, it had suffered pain and vomited meconium.

Upon examination, I found that the little finger could be introduced as far as the first joint, where it was stopped by a membranous expansion. No protrusion, no impulse upon the end of the finger could be perceived. The abdomen was enlarged considerably on the left side. Dr. Young had, on the previous day, made an unsuccessful effort to break down the obstructing membrane, with an extemporized bougie. I reintroduced the finger, and with steadily increased force pressed upon the membrane, which at last gave way with a sudden disruption. My finger was *not* in the intestine, but in the empty cavity of the pelvis. No intestine could be felt, no impulse against the finger, but its very point touched, to the left above the brim of the pelvis, a soft mass. Withdrawing the finger, to deliber-

ate a moment on the next step, a violent bearing effort came on, and the rounded exremity of an intestine evidently full of meconium appeared at the anus. This protrusion was seized with a hook, a crucial incision made, and the edges superficially tacked to the anus. A copious flow of meconium at once relieved the child. Soon after it nursed for the first time. Twelve hours after, the stitches were observed to have come out, but the babe, without a single unpleasant symptom, got well, and remains so to this day.

UTERINE DISPLACEMENTS.

Delivered in brief before the New York Academy of Medicine, Section on Obstetrics, May 21, 1866.

By E. P. Banning, M. D.,

Of New York.

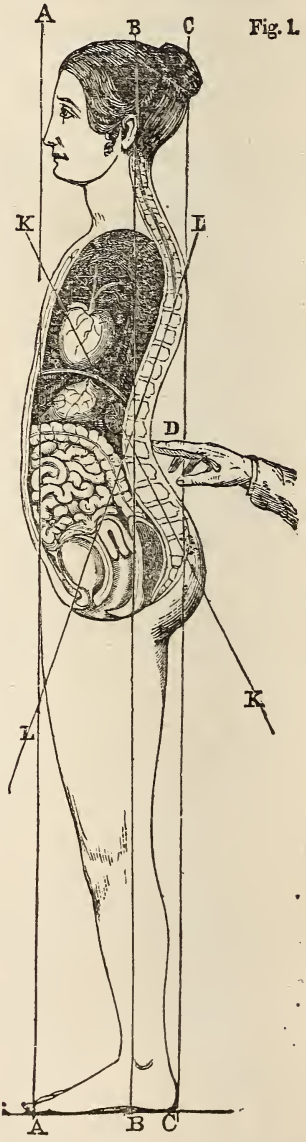
I believe it is admitted in professional circles, that the domain of medicine alone, unaided by physical forces, has hitherto proved inadequate to all the requisitions of malposition of the uterus; especially those of ante and retroversion, for the manifest reason that these cases are, in part, of a strictly *mechanical* nature. And although this fact has driven some of the brightest lights of the profession to the use of a variety of ingenious instrumentalities, still, in the aggregate, it remains a grave doubt, whether success has been very greatly enhanced by them; at least, certain it is that the desideratum is not yet supplied; and I propose to submit a few suggestions, touching the reasons of so partial a success. In attempting this, I shall pretend to *no more* than an ordinary professional intelligence; indeed, if successful to any good degree, it will be owing to my taking a *mere common sense* view of the obvious *mechanical* forces in the premises, being gladly content to leave the departments of medicine and hygiene in far better hands.

Of the Mechanical Pathology of Uterine Obliquities.

From much observation, I am induced to think that the prevalent pathology of uterine obliquities is more or less defective, the ruling idea of it seeming to be, that the physical causes originate within, and are mainly confined to the internal pelvic tissues; whereas, to the writer, it seems manifest that, in the premises, the pelvic contents are, in the main, only the objective point, and that the abnormal status there, both primarily and proximately, is caused more or less by a relaxation of the abdominal and dorsal muscles and ligaments, and by a consequent undue gravitation, not only of the abdominal contents upon the pelvic organs, but also of the whole trunk, which has lost its true centripetal bearings, and has fallen forward of its spinal axis, in consequence of a diminished and unbalanced action of its muscular braces.

To illustrate: at a mere glance at Fig. 1, we see plainly that the mathematical combinations of such a figure produce a *centripetal* state of all

Fig. 1.—Side-view of erect posture, with natural upward and inward bearing of the internal organs.

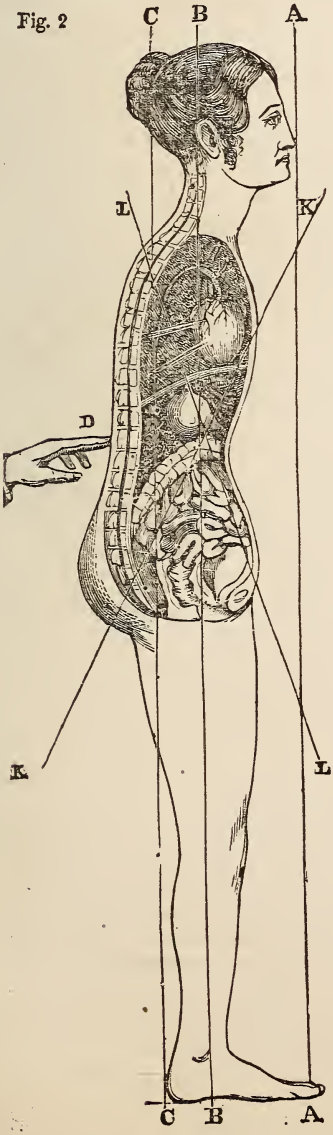


the trunkal bearings, or in other words, a balancing of the superior trunk upon and behind the spinal axis, (or point d'appui,) a tension of all the abdominal muscles, a consequent expansion of the chest, and a protection of the pelvic viscera from superincumbent abdominal weight, by a steady maintenance of the whole viscera]

series in the ascendant. Add to this the fact that, in such a figure, the medial plane of the pelvis is rendered comparatively vertical, and the lower abdominal cavity correspondingly small antero-posteriorly. By this combination, not only is the descending weight of the viscera impeded, but also the force of visceral gravity is compelled to fall upon the pubes, and not upon the uterus, rectum, and bladder, in the direction of the inferior strait.

On the other hand, a glance at Fig. 2 shows,

Fig. 2.—Side view of drooping posture, with internal organs suspended and compressed.



almost painfully, that a *centrifugal* state *revels*, as it were, throughout; for see the spine has retreated *behind* the body, leaving the whole trunk to hang forward *from* the spine, and not to swing *behind*, or to rest upon it, as in Fig. 1.

This state causes the chest to droop, the ensiform cartilage to retreat toward the spine, the medial plane of the pelvis to become horizontal, like a dish, the distance between the sternum and symphysis pubes to be much diminished, and the abdominal muscles to become flabbed; also, the inferior abdominal cavity becomes greatly enlarged antero-posteriorly, and the head, shoulders, and visceral series descend, and of consequence, press with corresponding force upon the uterus, bladder, and rectum.

The contrast between the two is complete; and, whatever *inherent* causes there may be to produce uterine obliquity, is it not *certain* that such a condition of the internal, middle, and superior trunk, as is represented by Fig. 2, must greatly augment the evils, and remain at least an *obstacle* to a complete curative action; and is it not also evident, that this undue pressure must be greatly augmented by the superinduced horizontal state of the medial plane of the pelvis.

Curative Indications.

The idea of uterine obliquity being caused or aggravated by superincumbent *trunkal* weight being conceded, light at once breaks, as to some of the indications of cure. First, we should remove the superadded burdens from the uterus and its ligaments, by restoring the body to its normal or centripetal bearings, as in Fig. 1, by pushing forward the point d'appui, or dorso-lumbar portion of the spine, to an axial line between the ankle and the head. Thus we immediately restore the normal philosophical bearings of the skeleton trunk. (See mathematical diagram Fig. 1, compared with that of Fig. 2.) For by thrusting this portion of the spine forward into the vertical axis of the body, the very weight of the head and shoulders becomes an *elevating* agent, a tensor of the abdominal muscles, and a consequent contractor of the inferior abdominal cavity, by being compelled to throw its gravity *behind* the spinal fulcrum. This also has compelled the upper sacrum to advance, the symphysis pubes to correspondingly depress and retreat, and thereby restore the normal pelvic obliquity, which shelters the pelvic organs in the inferior strait *below* and *behind* the upper sacrum, and compels the pubes and lower abdominal muscles to receive the principal abdominal weight, which is here supposed to be so burdensome to the uterine ligaments. This balanced state of the trunk upon its fulcrum, and elevated state of the viscera once permanently accomplished, whether by

nature or art, the case is changed from that of a general trunkal derangement to a more local one, and the inherent and artificial resources are left to contend only with the inconsiderable weight of the uterus.

How shall we restore the normal relations of the external and internal trunk to the pelvic viscera?

Perhaps this question can better be answered by first showing how the object *cannot* be accomplished.

First, then, it cannot often, if ever, be done by medicine alone, inasmuch as, if medicine removes every predisposing *constitutional* influence in the premises, it could not change that abnormal *mechanical* status, the reflex effect of which is to negate the legitimate tendency of medicine, (*i. e.*, in confirmed cases.) On this point, general experience is so stubbornly unfavorable as to silence all opposing reasoning *á priori* on the subject.

Second: It cannot be accomplished solely by such physical discipline and culture of the body as evidently would have tended to *prevent* the obliquity, inasmuch as the laws of prevention and removal are not necessarily identical, and often bear no analogy to each other. To illustrate: (speaking only of physical combinations,) it is palpable that habitual energetic muscular action, (when according to order,) tends to generate an increase of muscular power; but when muscles have lost their powers from *excessive* or protracted exercise, shall we quote the law of labor to the exhausted patient, and urge him to stimulate his muscles by great effort? It is a fact that *motion* is the law of a joint; it not only secures due lubrication of the articulations, but also tends to protect the surfaces from indurations, etc. But who would think of remedying a *dislocation* by urging the patient to use his joint by strong muscular efforts? The truth is, the laws of function and the laws of casualty are very different. Nevertheless, there are many physicians of the first intelligence, who, seeing clearly the necessity of elevating visceral weight from the uterus, even while the uterus rests upon the perinæum, place their patient upon a system of walking, riding, and gymnastics, under the idea that the obliquities being mainly induced by muscular laxity, must be removed by cultivating the inherent muscular resource. This answers very well for *logic*, but does not meet the facts; indeed, the writer has had fall into his hands, forlorn hopes, who have by this regimen of *logic* been reduced to hopelessness, the muscular efforts nearly always increasing the uterine descent when entered upon after the descent was fairly under way; whereas, with a *normal* state of the pelvic relations, such effort tends to preserve that state, the aggregate muscular action, in that case, being in the ascendant. With me, these cases have borne uniform testimony to an immediate consciousness of an increased depressing influence. Again, in many cases, this laxity of the abdominal muscles has been so entirely the *result* of excessive and protracted muscular stress, that to apply the law of labor to them, as an excitant, is simply absurd: as much so as to shout to a man suspended by the arms, "Keep trying your muscles, and that will strengthen them to lift you quite up to the platform;" whereas, the only trouble is his weight, and previous efforts have reduced him already to helplessness. Such has been the writer's observation on this point, that to confine such patients to internal remedies and urge muscular effort, is to actually insult the patient. Thus, then, in confirmed cases, it is evident, both *á priori* and from general experience, that the removal of visceral weight from the uterus will not be effected by medicine or the will-power of the patient.

We see then, that our main hope in the premises lies in such mechanical force at the shoulders, spine, and inferior abdomen, as shall *concordantly* and at once elevate the viscera, push forward the dorso lumbar portion of the spine, and throw the shoulders behind the spinal axis. This should be done partly by force at the first, and lastly, by a sort of *provocative* action, which, under a proper regimen, will gradually *educe* the inherent muscular resources. Accordingly, I have, for the last twenty-five years, made it the study of my life to devise such a combination of mechanism as shall supply this desideratum.

It represents the combined abdominal, spinal, and scapular forces of the trunk in their simultaneous exercise, and consists of the following three points, viz. 1st, an abdominal pad, *looking upward*; 2d, a steel spring, or spine, with a supporting saddle, pushing forward; and 3d, a shoulder-bow attached, looking backward: When this combination (which I denominate the abdominal and spinal shoulder-brace) is applied to the subject with settled viscera, a retreated spine, and advanced shoulders, an immediate and universal change in the external appearance and internal condition is accomplished; *i. e.*, the spinal, abdominal, and shoulder parts of the brace force the viscera upward, the spine forward, and the shoulders backward, effecting the relief of the pelvic viscera from superincumbent pressure by visceral elevation, waist and chest expansion,

and the poising of the superior trunk *behind* the spinal axis. It is particularly worthy of observation that all this is performed almost in a natural way, without restraining the free action of a single muscle, the compression of a single nerve, blood-vessel, or cartilage, or the constraint of a single motion; but on the contrary, so *concordant* and yielding is the action, as to at once rest and also provoke or excite the dormant resources to increased effort.

Of Uterine Retroversion.

The remaining physical facts are simply these, viz. An examination shows the uterus not only to have subsided nearly or quite upon the perinæum, but also to be occupying a horizontal position, with its fundus resting with more or less force upon the rectum and pelvic nerves, and the *os* looking upward; perhaps a pear lying at rest in a basin of water will accurately represent the uterine bearings in the case. In this condition, obviously, both the broad and round ligaments must be elongated, tensed, and exhausted, and their points of insertion must be subjected to a more or less dragging or extracting action; the bladder must also be correspondingly dragged downward and backward. All of these things, taken together, furnish the clearest explanation of the sense of tormina and pressure in the sacrum, the desire to evacuate the bowels, and the sense of physical obstruction in the effort to do so, also the annoying dragging sensations at the insertions of the round and broad ligaments, and the more or less perpetual desire to urinate, with an unsatisfied feeling on making the attempt.

Indications in the Premises.

Of course, two things are indicated, viz. 1st, to restore the *proper axis* or *vertical* position of the organ, and next, to *elevate* it to the superior strait of the pelvis; but the accomplishment of these indications with any tolerable facility and to a comfortable degree has, so far as I can learn, fallen short of the object, so little temporary or permanent benefit being derived from all the means used, as often to leave both physician and patient in doubt whether the end gained has justified the means. To restore the uterus to situ temporarily, in the *recumbent* position, is usually an easy thing, but to *retain* it thus, when the body is vertical, is quite another thing.

The exigencies of the case have compelled the use of a variety of devices, with nearly an identical result. The globe pessary, by its *bare volume*, has elevated the uterus *some*, but done *nothing* toward restoring its axis or vertical position, (the most important point,) and, in the meantime, it has weakened the vagina, perinæum, and vulva, by distension, and more commonly it has utterly failed of even *elevating* the uterus, through its occupying *forward* of, and not *under* it.

The end, indeed, is always worse than the beginning. But perhaps the *horse-shoe pessary* has, in skilful hands, figured the most usefully; but this, too, has always weakened the vagina by the extent of its circumference, and failed of preserving the uterine fundus in situ, because, having no *fixed point*, it is usually compelled to change *its* axis also, under the pressure of the retroverting fundus and the process of defecation. Such is the action of *all* the varieties of pessaries which have only an *internal* base, as they must ever lack a lever, or fixed point.

Appreciating this dilemma, the distinguished Dr. Simpson introduced the "stem pessary," with an external base. This instrument, by occupying the uterine cavity and making a fulcrum of the cervix, compelled the uterus to be reposited; but as might be expected from so unnatural a process, (with but few exceptions,) most undesirable and sometimes unmanageable results have attended; such as uterine irritation, inflammation, profuse and frequent menstruation, and flooding. Besides all this, it can perhaps *never* be rendered self-adjustable; consequently, this nearest approach to the desideratum has been almost totally discontinued in America. In this state of things, physicians anxiously compare notes, and then, with a shrug, stare each other in the face.

Having myself, for many years, been compelled to succumb to the general professional impotence in the premises, and goaded on by a humane humiliation, under the pressing necessities, I have, after inexpressible trouble and discouragement, perfected a device, which I denominate a "uterine balance," which, attached to the abdominal and spinal shoulder-brace for an *external base*, has thus far most perfectly met all the indications without a single exception.

It occupies *vertically* in the pelvis, elongates and contracts the vagina, and, passing *behind* the uterus, restores it to its altitude and axis, by supporting the *cul-de-sac*, without impinging the uterus or being at all affected by defecation; and, resting for its point upon a flexible external spring, protects against bruising or ulcerative pressure; to this I also attach an accommodation vulva guard, which at once prevents any undue pressure of the cul de-sac, *closes* the meatus externus, and admits of defecation and micturition whilst the instrument is intact.

What is particularly noticeable in the premises is the exceedingly small force requisite to retain the visceral situ, in consequence of the *centripetal* working of the spinal and abdominal shoulder-brace, thereby leaving the *uterine balance* to contend with no weight but that of the uterus; whereas, but for this, there would be danger that the balance would exercise an inflaming and ulcerative pressure, in consequence of having to contend against the weight of the superior trunk and its viscera. Another important feature is, that contact with a congested or ulcerated uterus or vagina, which may be undergoing treatment, is obviated. In all the cases in which I have applied this apparatus, (other things being equal,) the most bed-ridden patient has immediately commenced exercises and enjoyments, and in the meantime, all the varied sympathetic affections have speedily subsided.

Case 1, had for sixteen years (after injuries in labor) been the constant subject of retroversion, so as much of the time to be unable to stand; this was accompanied with much heat in the top of the head, confusion of ideas, vertigo, desperate melancholy, nervousness, irritability, palpitation of the heart, and indigestion; the sense of pressure upon the rectum, and the cramps in the thighs were unbearable when standing; but especially was the annoyance great on attempting to evacuate the bowels. She had, for sixteen continuous months been under the care of a distinguished physician of Philadelphia, who, by imposing constant recumbency and the adjustment of various pessaries, (frequently several times a day,) barely *improved* her state, from which she soon afterward relapsed. Upon examining this lady whilst upon her feet, and after the abdominal and spinal shoulder brace had been applied, I was astonished to find how small an amount of support was requisite for holding the uterus in situ. I also noticed that my fingers passed about two inches *behind* and about two inches *above* the os uteri, and that the os was forcibly dragged back against my fingers, by the tension caused by crowding up the cul-de-sac.

To this lady the spinal and abdominal shoulder brace had been applied, with great benefit to all of the symptoms, save the pressure upon the rectum. I then applied the *uterine balance*, attaching it to the brace in front, by all of which the whole superior trunk was erected, the abdominal viscera elevated, and the uterus balanced. Immediately the lady arose to her feet, and exclaimed, "That is it, you have found it at last." This lady improved rapidly, and has since (three years) attended to her household duties, and frequently expressing some vexation that sixteen years of such precious time should have been so unnecessarily wasted, and such unspeakable suffering have been endured.

Case 2. A lady, with the means to procure anything for her comfort, had for thirteen years been the constant subject of retroversion to such an extent that, shortly after standing upon her feet, the uterus and bladder were forced through the vulva, to the amount of a handful. As was to be expected, this also was attended with all of the sympathetic concomitants described in case 1, and like that case, had been exhaustive of all professional skill which could be obtained. In this case, the abdominal and spinal shoulder brace and the balance were adjusted, and immediately this patient arose to her feet, and remarked to her husband, "Well, I could dance, I feel all up." In this case, also, all the sympathetic symptoms subsided, and it may be instructive to state, that in a few months from that time, this patient attended to her own housework; often, in the fore part of the day, forgetting to put on her balance, and thought, ultimately she would dispense with its use. Other cases in illustration might be added from my case-book, to a great extent, but their similarity in most particulars renders the above all that is requisite.

Anteversion Of the Uterus.

Of this uterine derangement, so nearly of kin to retroversion, there is a numerous class, than which, retroversion has not proved more intractable. A digito-vaginal examination shows the following conditions, viz.: the vulva are found full and flabby, the labia disposed to be separated, and there usually will be felt a small tumor, pressing with more or less force in front, crowding the *urethra* before it; quite frequently this tumor is completely extruded, or rests constantly within the meatus; but, on assuming recumbency, it pretty uniformly recedes. On introducing the finger, the *os uteri* is found more or less posterior to the fundus, and the latter, either resting on the top of the bladder, or has settled and fallen *against* it, and by the weight of the abdominal viscera, is compelled to crowd the bladder before it. This protrusion of the bladder and urethra has given rise to the idea that this state is a "*hernia of the bladder;*" but, inasmuch as I have ever found these cases accompanied by an anteverted state of the uterus, I can see no reason for so naming it, as evidently, the settling of the abdominal viscera, and of the *uterus* in consequence, is the *power*, and *not* the consequence in the premises. *Anteversion of the*

uterus, it appears to me, is the proper name; and this more especially, as I find that a correction of the uterine status invariably relieves the whole train of morbid conditions. With this the description of the patient corresponds, viz., "constant desire to make water;" "much heat and irritation about the parts;" a "feeling of constant openness, as though something wanted to be born;" "dragging feelings in the groins, and a bearing down in the front," "with misery in the small of the back."

Indications.

Most obviously, the indications are, 1st, to elevate the abdominal viscera from the pelvic organs, by means of an abdominal and spinal shoulder brace. 2d, to both elevate the uterus to its normal height, in the superior strait, and to restore it to its normal axis, thereby removing all compression from the bladder. This, of course, cannot be done by that form of uterine balance which acts so happily upon retroversion; because, in anteversion the posterior vagina is shortened, and the anterior elongated; consequently, any instrument acting *behind* the *os* would aggravate the case, by carrying the *os* still higher and further back. To obviate this, I change the form of the balance from that of a curve to perfect straight; I then introduce it as in retroversion, only differing in that I carry it in *front*, or between the uterus and bladder, and thus elevate the anterior cul-de-sac.

The result in each case has ever been, that so soon as I commence to push up the shaft of the balance, the tumor and fulness of the urethra commence to disappear without my giving any attention to them.

I next attach this shaft, as before, to an external spring base, which depends and acts from the *brace*, and the patient immediately gives unmistakable and progressive signs of improvement.

Case 1. Mrs. ———, Wiscassett, Maine, aged about 33; had for several years suffered greatly from a "constant settling of something in her parts, increasing to a large external tumor toward evening," on sitting or standing; said heat and itching were intolerable, with constant desire to make water, and never satisfied by trying; limbs suffered much also from cramps and trembling.

One surgeon said it was a tumor, and proposed to extirpate it. Eminent surgeons in Europe, Boston, and New York, had been unable by pessaries, astringents and tonics, to accomplish anything of importance for her.

On touching, whilst she stood, I found great relaxation of the vulva, and a fulness, as though the head of a fœtus was in the inferior strait. On directing her to bear down, (as at stool,) it seemed as though she would be eviscerated in a moment.

To this lady I applied the abdominal and spinal shoulder brace, as a preliminary to correct the superincumbent bearings. This immediately aggravated the descent of the pelvic organs, as the lower bowels lay so far below the axis of the action of the brace.

I then introduced the straight balance, and attached it to the curved spring, which descended in front from the brace. The lady expressed immediate relief, and on the same day walked several miles with impunity. She has since made the tour of Europe, and recently presented me with the balance, saying that she had to wear it but a few weeks, retaining, however, the constant use of the abdominal and spinal brace, as "a general support, and a luxury."

Case 2. In brief, this patient had all the sympathetic, nervous, cardiac, digestive, and mental disturbances usually attendant upon anteversion; whilst *locally*, she complained of an intolerable "itching and bearing" about the mouth of the urethra, which was much of the time, attended with an "unnatural and annoying sexual desire." Her propension to urination was very annoying, and accompanied by the presence of a "small rose" (tumor) at the mouth of the urethra, which disappeared on lying down; her limbs habitually trembled and gave way under her; in her hips she felt a great sense of fulness, crowding and pressure, with dragging and "bearing down" in the hypogastric and iliac regions.

In this case I made no applicaiion but that of the brace and straight balance, combined, with instant relief.

About eight weeks have elapsed since this application, and but two days since she reported herself to be "perfectly well and happy, in body and mind;" and so it has been through a lengthened list of cases.

Lateral Obliquity.

This form I have found much less frequently than either of the other two; and, abundant experience has shown, that for complete relief from it we have only to carry out the above principles, modifying the balance by bifurcating its extremity, so as to support the cul-de-sac at each side of the uterus. If this latter form of balance were used in cases of ordinary prolapsus, or procidentia uteri, how much better would it be than to apply the bungling globe, or horse-shoe, which so usually increases vaginal relaxation, debilitates by distension, and acts as a fruitful source

of leucorrhœa, which latter symptom I have ever found to disappear on the application of either of my combinations.

A Radical Cure.

We now see that by this combination the uterus is completely reposited, the vagina both elongated and transverely contracted, and the uterine ligaments, and the tissues of the vulva so totally rested as to encourage all the parts to regain their normal length and strength. Further, I have to add on this head, that five of my patients have recently reported; two of which have totally recovered, and the other three are gradually discontinuing the use of the combination.

And now, may I not respectfully ask, whether the profession, and the timid patient, can ever *hesitate* between the choice of this comfortable, self-manageable and successful process, and that of the bloody, painful, intimidating, and, to some extent, uncertain operation by the knife and needle.

Hospital Reports.

Pennsylvania Hospital,
March 31, 1866.

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Rupia.

Mary G——, aged forty; married. Mother of two children; age of youngest, eighteen. She has had this affection of the skin, which came on suddenly, since last August. It first made its appearance on the lower extremities, then on the face. Preceding its inception she had some uterine affection, with impaired appetite and strength. At present, she is a miserable cachectic looking object, covered almost over the whole body, especially on the lower extremities, with a pustular disease of the skin, with ulceration. Her tongue is clean, and she has a tolerable appetite and regular bowels.

The pustular affections of the skin are all very much alike, and are generally due to the same cause. They almost invariably occur in persons in broken down health. Very frequently they happen in those who have been subject to syphilitic poison, but though we have suspected the existence of such a cause here, we are unable to find positive proofs of it. Frequently, also, they may be met with in those whose constitutions have been injured by the injudicious use of mercury.

The pustular affection, which presents itself in this patient, may be called rupia. To some it may be a matter of astonishment that rupia should be classed at all with pustular diseases of the skin, for it is often described as belonging, like pemphigus, to the vesicular (or rather the bullous) forms of eruption. But it is properly a pustular affection; and moreover, so closely allied to ecthyma, that it is difficult to make the distinction between the two.

The numerous crusts which have formed in this case, are characteristic in their black color and irregular shape, resembling the shell of an oyster. Where they have been removed, ulcerations are seen remaining. This state of things only occurs in rupia, and in ecthyma. On her face and head there is, in consequence of the constant washing, very little that is distinctive of the nature of the disorder, but the extremities show plainly its true character, and afford an excellent illustration of rupia prominens, rupia with ulceration.

There is always in this affection inflammation of the skin proper, as is revealed by the areola around the crust, and the appearance underneath, when it is removed. This inflammation invariably terminates in large and superficial ulcerations. Very generally, there first appear large vesicles, which contain, however, from the beginning some pus; these concrete and form the crusts. The only, or certainly the chief distinction between this and ecthyma, the more strictly pustular affection, consists in the pustules of the latter disease being such from the outset, whereas in rupia there is more fluid mixed with the pus at the beginning, though subsequently true pustules exist.

The treatment naturally divides itself into constitutional and local. The former is the more important, as in all these cases there is a cachectic state of the system present. In some, the cachexia is of specific origin, swollen glands, signs of ulceration of the throat, and other phenomena, revealing the ravages of the constitutional disease. In others, the history of the case shows mercurial poisoning. Or, there may be uterine difficulty, with deteriorated health and digestive disturbance, lying at the root of the cutaneous eruption. In this case there is no history of syphilitic or mercurial poisoning. As she has had uterine trouble and impaired health, it is preferable, for the present at least, to place these facts in connection with the disease, rather than the other causes alluded to. The treatment will vary always with what appears to be the cause of the affection, as the first endeavor should be to remove what remains of it. The class of remedies most useful is cod-liver oil, iron, iodide of potassium, and the mineral acids. Much good often results from arsenic. But this woman has been well and skilfully treated by a physician, who, after carefully watching its effects, had abandoned arsenic; he obtained good results from the use of cod-liver oil and iodide of potassium. The cod-liver oil will be continued, and besides that the mineral acids will be given; a tablespoonful of the oil, and five drops of nitro-muriatic acid, three times daily; to which subsequently, tincture of chloride of iron will be added. In-

quiries will be made as to how much uterine disease remains, calling for special attention.

Locally, it is difficult to determine upon the treatment. There are dissimilar opinions advanced as to the management of the crusts. Some say let them alone. Others advise their removal by mucilaginous applications, or by simple fomentations. The exposure of the ulcerated surface by their removal is said, by some, to be injurious to the patient. If, however, it be properly and carefully done, it enables the local treatment to be carried on with greater activity than is possible while the crusts remain. Therefore, these crusts will be gotten rid of, as far as practicable, by poultices or fomentations, and then the ulcerations will be treated, and an attempt made to modify the disease of the skin. Here, too, there have been many remedies which have claimed attention, and which may be used much according to individual fancy. Unquestionably, in a large number of instances, it will be found that nitrate of silver, ten to twenty grains to the ounce, applied to the superficial ulcerations, will exert a very happy, modifying influence on the skin. Diluted nitric acid is sometimes preferable to nitrate of silver. An ointment of protiodide of mercury will be found beneficial; of course, taking care, by not using it too long, not to affect the constitution. As the nitrate of silver has been used in this case, another remedy will be tried. An ointment of the protiodide of mercury, of the strength of a scruple to the ounce, will be rubbed on the ulcerated surfaces left by the removal of the scabs. This treatment will not be continued longer than ten days or two weeks. At the expiration of that time she will again be brought before the class, when her condition will determine the continuance or cessation of the remedy. Baths, it need hardly be said, are always advantageous in these cases. Warm baths, even sulphur baths, may be employed as general alteratives of the nutrition of the skin, as well as for the purpose of cleansing the parts.

Pericarditis and Pleurisy Complicating Malarial Fever.

Patrick C., aged 30 years. Irishman by birth. Has worked in Indiana for some time, and seems there to have become thoroughly saturated with malarial poison. When he was admitted into the hospital, on the 22d of March, he was evidently very much prostrated. He had a tremulous tongue, a pulse of 100, and weak; no abdominal tenderness, some gastric disturbance, with nausea, and complained a great deal of a stitch in the left side. He presented that sallow look which malaria imparts to the face, and which, together with a slightly enlarged spleen and liver, showed, irrespective of the history he gave of repeated attacks of chills and fever, that he was thoroughly under malarial influence. By an examination, it was detected very clearly that the pain in the left side, of which he complained, co-existed with friction phenomena in the cardiac region and of cardiac rhythm. A double, a to-and-fro friction-sound was perceived at the base of the heart, especially on the left side, and also heard posteriorly over the left lung, persisting when the man held his breath. There was, therefore, every reason to believe that pericarditis complicated the malarial fever. This friction-sound was very marked on the 22d and 23d, less so on the 24th, and on the 25th, it had to a very considerable degree disappeared, while the heart-sounds at the apex of the organ were almost inaudible. When friction-sounds are perceived over the region of the heart, which are found to disappear, and coincident with their entire or partial disappearance the heart-sounds at the lower portion of the organ became more feeble than previously, and an increase of percussion dulness takes place, there is but one interpretation possible, namely, that an effusion has taken place subsequently to pericardial roughening.

Since his admission the man has progressed favorably. He has shown signs of a diminution of the effusion in the pericardium. Lately, he has complained very much of a pain on the left side, further back than that previously noted, and which is clearly due to co-existing pleurisy, which has developed itself whilst the man has been in the hospital.

His tongue is now clean, the fur which was so marked upon it at first having passed away. Pulse 104. Respirations 32, they having been frequent, as compared with the pulse, ever since his admission. The outline of dulness in the pericardial region is much smaller than it was four days ago. The impulse of the heart is feeble and fluttering. The heart-sounds this morning, though still feeble, are not so much so as they were a few days since, and there can now be heard with great distinctness the double friction-sound, which has been lost for some days. This double friction-sound may be described as a to-and-fro one, with a slight, though perceptible interval between its two parts. It is but feebly perceived at the base of the heart, toward the aortic cartilage. These phenomena show that the effusion is disappearing, that the roughened surfaces of the pericardium are again coming in contact, and that the portion more especially affected is that to the left.

As to the state of the lung, which must not be overlooked, there is clearly co-existing pleurisy, and also, from the râles, some bronchial trouble. There are dry, sibilant, and some mucous râles present, percussive dulness far beyond the region of the heart, which is also perceived at the lower portion of the lung when he sits up, which indicates pleural and slight bronchia complication of the case.

The treatment to which he has been subjected, consisted at first in the administration of milk punch and cinchona. So soon as he rallied from his evident prostration, the milk punch was lessened, and finally stopped, and the quantity of cinchona materially diminished. In the meanwhile, poultices were applied over the region of the heart, and the parts painted with iodine, whilst the kidneys were acted upon by acetate of potassa. For some time past, indeed, since very shortly after admission, he has been taking five grains of iodide of potassium with twenty of the acetate of potassa every third hour; while, as already stated, a moderate amount, from four to six grains of sulphate of cinchonia has been daily administered.

Editorial Department.

Periscope.

Treatment of Diphtheria.

Dr. W. Lindesay Richardson reports his experience of two hundred and twenty cases of diphtheria, occurring in the course of seven years in the Ballarat Hospital, Melbourne. His views are reprinted from the *Austral. Med. Journal* in the *Brit. Med. Journal.*

Of the 220 cases, 107 occurred in children under 10 years of age; number of deaths 18, two only of which were in-patients about 5 years old. This mortality—8.2 per cent.—is very little in excess of that of measles, (7 per cent.)

As to treatment, Dr. R. observes that there is no disease more amenable to treatment, in patients over five years, nor any in which a favorable termination may more speedily be predicted. The treatment consisted, in 1859, of the free use of caustics from the first, chlorine gargles, and iodide of potassium. This was not successful. In 1860 and 1861, the chlorate of potash and hydrochloric acid mixture was used, still occasionally applying caustic. Since then, local applications have been completely disused, and the muriated tincture of iron has been given in full doses, and latterly, the chlorate of potash in powder with sugar, dry on the tongue. Dr. Richardson used the nitrate of silver at first, then hydrochloric acid and honey, but his experience is that all applications to the throat are useless, and even hurtful. The mixture containing free chlorine he considers of great value, but its strength appears to vary, and its action is not certain. The muriated tincture of iron he has found most reliable in all cases of membranous diphtheria. The fever symptoms are no indications against its use, as under it the pulse falls. In a case under treatment, one day the pulse was 146; the patient was put on 20 minims every two hours, and next day it was 96, with an improving throat. It did not, however, appear to exert any speedy influence over the disease when it had extended into the trachea. It was necessary then to resort to emetics to expel the false membrane as it forms. Dr. R. prefers common salt and sulphate of copper; succeeding these the inhalation of turpentine on hot flannels, with the constant application of compresses around the throat, as most beneficial. In putrid sloughing throat, neither caustics, nor tincture of iron, nor solution of chlorine, nor quinine exert any influence; the best effects were seen in these cases from large enough doses of powdered chlorate of potash, mixed with sugar, dry on the tongue. On the important question of support to the patient, there can be no difference of opinion. Dr. R. has not examined the urine in every case; in those in which he did, he did not find any trace of albumen, nor any deposit more abnormal than lithates and purpurates. Six persons suffered at different times from two distinct attacks. Recovery, as a rule, is rapid; and paralysis, as a sequela, has been rare; three cases only having occurred.

Use and Abuse of Poultices.

The *British Medical Journal* quotes some excellent remarks of Dr. Richardson from his lectures delivered at the College of Physicians, on the use and abuse of poultices.

The application of moist heat in the form of poultice to suppurating parts, requires, he thinks, remodeling, in order that it may be placed on a true scientific basis. The common recommendation, "you must put on a poultice," is too often an easy way of doing something, about which we were not quite sure, and concerning which it were too much trouble to think long. Mischief is very often done by a poultice, which might well be avoided.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat, we quicken suppuration, mainly by upholding the temperature: at the same time we secure the transference of water from the moist surface into the fluids of the inflamed part, by which tension of tissues is produced, and in the end yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; but when the surface is large, and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice cannot be good to the extent of the mischief. Hence in the treatment of carbuncle and plegmonous erysipelas, it cannot be sound practice in the early stage to apply moist heat. Experience as well as principle warrants this conclusion. In cases of carbuncle especially, Dr. Richardson has of late avoided the application of moist heat in the early stages with good results.

But when in the course of local disease, suppuration is actively established and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperature—then the value of moist heat comes on with full force. Then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and when the fluid escapes, or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of purulent fluid is again, indifferent practice. It sustains discharge, it sets up unhealthy decomposition of fluids; it produces a thickened, soddened condition of skin, most favourable to the production of sinus; and it retards recovery. When a surface is freely open, and suppurating, dry and not moist heat is the remedy. We are in want in these cases of a simple invention; we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently desiccate, without injuring the tissues.

Reviews and Book Notices.

Cholera: Facts and Conclusions as to its Nature, Prevention and Treatment. By Henry Hartshorne, A. M., M. D., Professor of Hygiene in the University of Pennsylvania, etc. J. B. Lippincott & Co., Philadelphia. 1866. 18mo. Pp. 79. *Price*, 30 cents.

A concise *résumé* is given, in this booklet, of the most important facts concerning the history of epidemic cholera; with the conclusions drawn by its author from them. Very few pages are devoted to the symptoms and pathology of the disease; the former are all summed up in a "definition" of twenty lines; while the pathology is almost as brief,—the conclusion being that "cholera is a poison-spasm; a *ganglionic tetanus*." The bulk of the work is occupied with the causation, prevention and treatment of the epidemic.

Some of Dr. Hartshorne's views upon the promotive causation of cholera were published eleven years ago, in a medical journal of this city; the prominent point being, with him, the importance of *animal decomposition* in this relation. He rejects Snow's and Pettenkofer's theories of its propagation, as not explaining all the facts of the migrations of cholera. Especially are such cases as those of the *England* and *Virginia* regarded as explicable only upon the view that cholera has a power of *atmospheric* migration, not dependent on human travel.

The theory of this book is that there is a yet unknown specific cause of the epidemic, which must be organic, and is probably animalcular; this depending on local causes for its maintenance and propagation; but not being in any proper sense a contagion.

Dr. Hartshorne does not hesitate to take the responsibility of declaring quarantine useless altogether for the exclusion of cholera. He argues at length upon this point, both from theory and experience. Inspection of ships is justified, as a part of necessary sanitary police; but all measures proper for the purpose are included under the latter term. No detention of *persons*, sick or well, at quarantine, is approved by this author.

In *treatment*, after a brief discussion of all the methods in use, Dr. Hartshorne concludes upon the *antispasmodic* plan. An account is given of his experience with the cholera in 1849, and a recipe founded upon the practice, that season, of Dr. W. E. Horner.

Although a small book, this really contains a good deal of information and substantial thought upon its subject, conveyed in a condensed but clear manner. It is issued also in neat style by the publishers, and at a low price.

An Introduction to the Study of the Optical Defects of the Eye and their Treatment by the Scientific Use of Spectacles. By A. M. Roseburgh, M. D. Toronto, Canada. Lovell & Gibson, 67 Yonge st. 1866.

This is a neat pamphlet, of 31 pages, with 11 wood cuts, which the author states, was written as an introduction to a course of lectures, recently delivered by him on the diseases of the Eye. These lectures, were delivered before the Canadian Institute, and published in the *Canadian Journal*. There is nothing new to those who are familiar with the writings of Wells or Lawrence, of London, or the more elaborate investigations of V. Gräfe, Giraud-Teulon, or Donders. Yet there is much in the pamphlet that is instructive to most physicians of this country, and it could be read with profit by all. He begins by an outline or review of the principles of optics, light, lens, etc. In the second chapter he treats of the "Normal and then of the abnormal Eye," entering into the consideration of "Myopia," "Hypermetropia," "Strabismus," "Presbyopia," and concluding with an attempt at *Test Types*, which seems to be a difficult matter to be able to have properly printed in this country or in Canada.

Dr. Roseburgh omits a most important and interesting subject, namely, "Binocular vision" which is now absorbing the attention of those who devote much time to the optical defects of the eye as one of the means of obtaining the most perfect ophthalmoscopes for the diagnosis of these defects. L. T.

Sanitary and Preventive Measures; Or, What may be Done by the Public in Anticipation of the Cholera. By the Sanitary Committee of the Board of Health of Philadelphia. 1866.

The directions in this little pamphlet, issued for gratuitous circulation, are good and useful,—(they are of course not required to be original,)—with one exception; against which we must make decided objection. It is the advice under the head of "Treatment," as follows:

"On the earliest intimation of looseness of the bowels, and frequency of stools," besides lying down, "take 30 drops of laudanum, with 20 drops of spirits of camphor, and 30 drops of tincture of capsicum, mixed in sweetened water, and repeat the dose every half hour, or after each evacuation."

No direction is given to stop the half-hour doses when relieved, and none to diminish it in proportion to age in children. Let us suppose a case, then. An uneducated but anxious mother,

informed of this advice of official authority, keeps her laudanum all ready. A child of three or four years has an "intimation of looseness of the bowels," some hot summer-day, in cholera time. She faithfully begins the treatment, *perhaps* timidly venturing to reduce the prescribed dose by one half, giving only *fifteen* drops of laudanum every half hour to her child. What would be the consequence?

Candidly, we cannot but fear that such ill-guarded prescribing "by circular," may kill more people than the cholera; almost certainly more than cholerine let alone, would do. We are profoundly surprised that such a body could issue a document, otherwise sound enough, with so very serious a flaw to damage its usefulness.

Asiatic Cholera: Its Origin, Spread, Introduction into America, Causes, Symptoms, Pathology, and Various Modes of Treatment Analyzed. By R. Nelson, M. D., Health Commissioner during the first two invasions, 1832, 1834; President of the Medical Board for the District of Montreal. New York: W. A. Townsend. 1866. 12mo. Pp. 206.

We have been rather amused than instructed by this book. Such, however, was not the purpose of its author; who states that, having been conversant with the whole history of cholera since 1820, he writes principally to fix a point in history, namely, the introduction of cholera for the first time into this country, through Canada, in 1832. Dr. Nelson's official position in Montreal, of course, gave him first rate opportunities for investigation of the subject at that place.

His announcement might then naturally lead us to hope that he would fix something so decisively, as to assist in clearing up existing doubts on the whole question. What does his "point in history" amount to? Chiefly, that as early as February, 1832, a strict quarantine law was enacted, and at once put in force in Canada; but that in June, nevertheless, cholera began at Quebec and Montreal, with less than two days between those cities.

The first cases in Quebec occurred in a boarding-house for emigrants, in "a narrow street between the base of the cape and the port." The patients, who numbered fifteen in the first two days, were *said* to have been landed from the steamer *Voyageur*. Now Dr. Nelson is not able to say whether they *were* from that vessel or not,—nor does he know where they came from, if they were. He implies that the Voyageur was a local steamer, going between Quebec, Montreal, Grosse Isle, and other places in Canada. There is, then, nothing positive in his account, except that the cholera passed the quarantine, and the first cases occurred in an obviously insalubrious locality.

Dr. Nelson's opinions are, if not eccentric, at least sometimes peculiarly expressed; as when (p. 78) he assures his readers that "cholera is *not a disease*." Some of *our* readers might be surprised to find themselves, according to his view, holding opinions "to the disgrace of the human understanding," (p. 39), as "credulous or obstinate beings, who are an annoyance to the profession." Such is his designation of those who accept some of the most obvious and best established facts in the history of epidemic cholera.

The universal conviction that cleanliness is useful toward the prevention of this, at least, as much as other epidemics, this author calls an unfounded "popular cry against dirt." As to treatment, his opinions are often obscurely stated. His manner of dealing with the topic may be exemplified by a sentence:

"*Antispasmodics* were called into service—on what ground no rational mind can conceive; but the practice can be defended and explained by routinists, who have the faculty of explaining things known and unknown, right or wrong." (P. 178.)

The writer of this notice is obliged to confess that the antispasmodic treatment is the only one which his mind, rationally or otherwise, is able to approve and adopt for cholera. The principal ground for it is experience. Dr. Nelson depends chiefly upon opium in his own treatment. We are glad to hope that he is much more judicious as a practitioner than as a writer.

One point of considerable interest adverted to in this book is, the low temperature during collapse, of the intestinal canal; and, as discovered in Cæsarean section, of the whole interior of the abdomen. Several facts showing this, are mentioned by Dr. Nelson.

The practice recommended by a number of authorities, of injecting liquids at a high temperature *per anum*, finds support in such observations. The subject of the varying and unequal temperature of the body in disease, and of the corresponding indications for treatment, is one yet quite open to investigation.

Dr. Nelson is so evidently honest, confident and enthusiastic in his convictions, that we are sorry not to be able to think that his work will greatly affect the current of medical opinion. It is very easily read, however, and contains a good deal of curious matter.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 16, 1866.

SPECIAL NOTICE.

☞ We wish our readers to bear in mind that the Fifteenth Volume of the Medical and Surgical Reporter begins on the first of July. It is a suitable time for New Subscriptions to begin, and as it is likely that there will be a large accession of new names to our list from that date, it is important that we should receive them as early as practicable, that we may know how large an edition it will be necessary to print.

⁂ Let each of our present subscribers make it a point to send us an additional new name.

QUARANTINE IN NEW YORK.

New York at last has a quarantine. The Metropolitan Board of Health has taken possession of Seguine's Point, on Staten Island, and already proper accommodations are in a fair way of being completed. For this action the Board deserve the thanks of the country; for, although it might be said that they were urged to this measure by the absolute necessity of the case, and at the last moment, we are willing to thank them for redeeming a state of quarantine affairs, which, instead of being a sanitary institution, was fast becoming a great nuisance.

The locality which the Board has seized, consists of nearly sixty acres of land, at Seguine's Point, which, up to 1858, were occupied by quarantine buildings, and is the property of the State. At that time a mob of inhabitants of the Island burned the quarantine buildings, as our readers will remember, and since then, until the establishment of the new *regime*, the State has feared to re-occupy its own property for quarantine purposes, under the apprehension of a repetition of the hospital-burning outrage. The new Board of Health, however, by keeping their intentions quiet, and effecting a sudden lodgment with a strong force of police, being guarded besides by the guns of United States Revenue Cutters, have re-possessed the property of the State, and no fear is entertained of any further interference on the part of the Staten Islanders, though they may feel sore about the Metropolitan *Coup d'Etat* for the time being.

According to the programme of arrangements at the new quarantine, the barracks recently transferred by the United States Government to the Board of Health, will be removed, and placed upon the State property at Seguine's Point. Only the well passengers will be taken on shore, the sick remaining on board the hospital-ships, Falcon and Illinois. While a ship undergoes thorough fumigation, disinfection and cleaning, her passengers will remain on Staten Island, with the amplest opportunities to cleanse their clothing and persons, to bathe in the sea, and to exercise on land. Something like Dr. Marsden's plan will be adopted. The passengers from infected ships will be placed first in the barracks near the sea; and as they are washed, and their garments are purified, they will be removed to the other rows of buildings. This process is to be continued, the passengers being gradually moved back, until there is no vestige of infection. Afterwards, when all danger has passed, they will be taken off Seguine's Point and re-embarked.

In reality, the grounds at Staten Island will be an emigrant station, rather than a quarantine. It is expected that there will be facilities for the accommodation of at least 2000 persons.

By the time these remarks will be in print, the new system will be in full operation; and we shall take opportunity to report hereafter on its efficiency and success. We can, meanwhile, look upon the anticipated arrival of other cholera ships with some degree of satisfaction, knowing that at last there are ample provisions and accommodations for the treatment of the sick, and prophylactic cure of the well passengers.

MEDICAL ORGANIZATION IN CANADA.

From communications in the *Gazette Médicale*, Montreal, it appears that the profession of Eastern Canada are stirring in the matter of medical organization. A correspondent in that journal suggests the formation of a medical society in each judicial district, and of a General Association, composed of delegates from district and other local societies.

Speaking of medical societies, we may remark that *frequent meetings* are the main elements of their success. Annual meetings of county societies, as far as our experience goes, generally amount to very little, either in a social or scientific point of view. Monthly, and in larger cities semi-monthly meetings give life and interest to medical organization.

THE METROPOLITAN BOARD of HEALTH AND THE ACADEMY OF MEDICINE; A POINT OF ETHICS.

A matter which threatens somewhat to disturb the serenity of the medical sky of New York, is the position which the Board of Health has taken in regard to the efforts of the homœopaths to secure for themselves the exclusive control of one or more of the proposed cholera hospitals, should that epidemic reach the city. As our readers are aware, the Board of Health is composed of four physicians and five laymen. Now, the names of the medical members of the Board are in themselves, or should be, sufficient guarantee that the interests of the profession will not be wantonly disregarded, and there can be no doubt that they will consider it a part of their duty, as representatives of the medical profession in the Board, to secure it against becoming the football of ignoramuses, charlatans, and quacks. It appears, however, that a very strong pressure was brought to bear upon the lay-members of the Board, some of whom probably favor the Hahnemanian nonsense, and under this pressure, it seems, the Sanitary Committee, in recommending the adoption of the plan of cholera hospitals proposed by Dr. Smith, also "directed that homœopathic physicians be distinctly invited to take part in the care of patients." Such at least appears to be the fact from the reports in the daily papers, which are generally correct.

Now we fear very much, that in giving their consent to this attempt to conciliate, by this act of courteous invitation, the people whose faith rests on sugar-of-milk globules and high dilutions, the medical gentlemen of the Board have made a grave and serious mistake. It seems to us, that as representatives, not of the medical profession, but of *medical science*, they had no business to invite any class of men, as representatives of a particular sect of the practice of medicine. If homœopathy has a right to ask that the public charities shall be made to afford to them an opportunity to experiment with the lives of the poor, so has hydropathy, electropathy, and a dozen other *pathies*, all calculating upon the ignorance, prejudice, and gullability of the masses, and all opposed to the broad, unsectarian, catholic school of scientific medicine, and the Metropolitan Board of Health would soon become the laughing stock of the profession throughout the world, were it to open the door promiscuously to all these parasitic outgrowths of the healing art. It is a sad mistake, if they act upon the idea that their duty is to conciliate error. To conciliate error means to perpetuate it. The very principle which called the new Board to life and which gave it such ample and almost unlimited power, was that there might be a body of men governing the sanitary affairs of New York, which should have the power to *over-ride* prejudice and deal with error *relentlessly*.

But this general invitation to the homœopaths to come and "take part in the care of patients," while it is a weak and unworthy concession to ignorance and prejudice, on the other hand does not suit the class with whom it is calculated to compromise. They scorn the offer. Globules and high dilutions will refuse their miraculous service, they well know, when the light of true science is allowed to illuminate the scenes of homœopathic effort. Nothing they are satisfied with, except the exclusive control and management of one of the six districts and hospitals, according to the general "plan of operations," as their committee express themselves in a letter to the Board. Will that be granted? Will the concession already made be extended to a partial surrender of the health interests of New York to medical sectarianism and humbug? Or will the Board retrace its hasty action, and place itself right again on the record.

The matter, however, does not stop here. As indicated by the heading of this article, the Academy of Medicine is about becoming involved in the question. It happened in this wise. At the regular meeting before the last, Dr. Post offered a resolution in substance to this effect, "that as the Metropolitan Board of Health had been called into existence mainly by the efforts of the members of the Academy, the Academy tenders its services and coöperation to the Board in their endeavors to promote the sanitary interests of the city." At the last meeting, Dr. Sayre made a motion to reconsider this resolution, on these grounds: "Because this resolution would be a general endorsement of the actions of the Board of Health, and of course, also its action inviting homœopaths; and that in doing so the Academy would render itself subject to the discipline of the American Medical Association, in violating its code of ethics." The motion was laid upon the table, in the absence of Dr. Post, and will probably be fully discussed at the next meeting.

It is to be hoped that the action of the Academy will be prompt and decided in removing any seeming endorsement of any action of the Board contrary to the code, and that the medical members of the Board will take the opportunity to explain their position before the Academy and the profession.

Notes and Comments.

Change of Type.

Dr. Flint, in his new "Treatise on the Principles and Practice of Medicine," has the following remarks on the question of the change of type in disease:

"The opinion is held by some, that diseases and the human constitution have undergone a notable change during the last quarter of a century, and that bloodletting and other antiphlogistic measures are less appropriate now than formerly, on this account. This opinion seems to me not well founded. After a professional experience extending beyond the period just named, I do not hesitate to express a conviction that acute inflammations at the present day are essentially the same as they were twenty-five years ago, and that antiphlogistic measures were no more appropriate then than now.

"Were it true that such changes have occurred, the fact would strike at the root of medical experience. If changes requiring a revolution in therapeutics are liable to occur with each successive generation, it is evident there can be no such thing as permanent principles of practice in medicine; the fruits of experience in our day, which so many are striving to develope, will be of no utility to those who are to come after us."

Massachusetts Medical Society.

This society met in annual convention in Boston, on the 29th ult. A notice of its proceedings will be prepared for our columns.

Dr. Henry C. Perkins, of Newburyport, who was elected President, stands at the head of his profession, and is a gentleman of varied accomplishments. Like the celebrated Dr. Olbers, the discoverer of the planets Pallas and Vesta, he blends with his profession the cultivation of astronomy, a science in which he is deeply versed.

Mortality of New York.

Dr. Harris reports the number of deaths during the week ending June 2d as 366—a decrease of 26 compared with the previous week and less by 106 than the total in the first week, of April. Of the whole number 76 died from contagious diseases as follows: measles 3, scarlatina 15, diphtheria 8, croup 1, whooping cough 1, typhus 12, typhoid fever 7. There were only 12 deaths from diarrhœal diseases. Of consumption and other tubercular diseases 75; nervous affections 49; bronchitis 12, pneumonia 21; other lung and throat diseases 19.

The number of infants dying in their first year was but 90. The total of deaths under five years was 135. The total of deaths at these periods of childhood, the first week in April were respectively 131 and 207. These death-records of the early years of childhood are the most delicate indices of the barometer of health and disease from week to week.

The mortality of this week gives a death-rate of only 26 1–5 to the 1000 per annum, while in Brooklyn it is even as low as 19 to the 1000.

An Outbreak of an Unusual Zymotic.

The *Dublin Med. Press and Circular* of May 16th says:

"We have heard on good authority that two deaths occurred on last Saturday in Dublin, under most anomalous circumstances. In one case death resulted in twelve, in the other in twenty hours, the only symptoms being rapid prostration, failure of circulation, and the pouring out of great effusions of blood in and under the skin. The cases bore great resemblance to that of a medical student, whose death was recorded some six weeks ago. We understand that the features of the disease were so unusual that the physician who attended one of the cases could only compare it to the 'Black Death' of the sixteenth century."

The New Orleans Medical Record.

The cry is "still they come." There has been a wonderful revival in medical journalism, and we do not yet seem to have reached the end of it. We have received two numbers of the *New Orleans Medical Record*. The *Record* is published on the 1st and 15th of each month, and is edited by Bennet Dowler, M. D., and S. R. Chambers, M. D. It appears to be a private, independent enterprise, and makes an excellent appearance. It should be well sustained. Dr. Dowler is well known to the profession as a veteran editor, and an original man of decided ability. Subscription price $6 per annum.

We are sorry to see the advertising columns of the *Record* disfigured by an advertisement of homœopathic "specifics."

Books and Pamphlets Received.

A Handy Book of Ophthalmic Surgery. For the use of practitioners. By John Z. Lawrence, F. R. C. S., M. B., etc. etc., and Robert C. Moore, House-Surgeon of Ophthalmic Hospital, Southwark. With numerous illustrations. Pp. 160. London: Robert Hardwicke. 1866.

Cholera: Facts and Conclusions as to its Nature, Prevention, and Treatment. By Henry Hartshorne, M. D., etc. etc. Pp. 80. From J. B. Lippincott & Co., Philadelphia.

Cholera. By W. B. Fletcher, M. D., of Indianapolis, Indiana. Reprinted from the *Cincinnati Journal of Medicine.*

Cholera: How to Avoid it, and how to Treat it in the Absence of a Physician. No. 2, of Health

Tracts for the People. By Thomas Sim, M. D., Special Health Officer, Departments of South Carolina and Georgia. Pp. 16. Charleston, S. C. 1866.

Correspondence.

DOMESTIC.

Case of Sea-Sickness, Successfully Treated by Ice to the Spine.

Editor Medical and Surgical Reporter:

Successful treatment presupposes and involves of necessity, the employment of means adapted to the true pathological requirements of the affection treated. But it does not at all follow that he who proposes or makes use of this treatment, should himself possess a correct view of these pathological conditions. The two ideas are entirely distinct, and we wrong our profession and our patients, if we allow ourselves to confound them. A plan of treatment may be strictly and scientifically correct, and yet the arguments urged in its support may be essentially incorrect. We have no right to reject the one because we cannot accept the other. If Dr. Chapman has proposed to us a means of alleviating, with almost perfect certainty, that most distressing malady, sea-sickness, we are criminally neglectful if we refuse to employ it because we do not believe the theories which he advances. And here let me say, before proceeding to detail my case, that medical criticism, on both sides the Atlantic, has done itself little credit by the very flippant and unscientific way in which it has discussed this subject. If Dr. Chapman's "lucubrations" are half as shallow as most of the objections which have been urged against them, they must be weak indeed. And the charge of "stealing" his ideas, when he has in every instance, so far as I have been able to see, given ample credit to the distinguished physiologists, whose views he has adopted, is manifestly unjust. The case which I am about to relate, is as conclusive as a single case can be, in regard to the great practical value of his discovery.

Early in the present spring, I was consulted by a young married lady as to the best means of preventing sea-sickness, during a proposed voyage to Havana. She was a person of excitable, nervous temperament and delicate organization; has suffered for a year past from uterine disease; during the winter had been subject to constant attacks of coryza and bronchial catarrh, and was then in the third month of pregnancy. I procured an eighteen-inch ice-bag, and gave her husband full instructions as to its use. It was first to be applied from the nape of the neck directly down the spine, as far as it would reach, all three compartments being filled. I avoided carrying it down to the lumbar region from the fear of producing uterine congestion. If severe headache, with flushed face and throbbing of the temporal arteries came on, the upper section was to be emptied of its ice—the others remaining full: and if pain in the chest supervened, the middle, or even the middle and lower ones were to be emptied, the upper one being full.

The outward voyage was extremely calm, and our patient suffered only from slight nausea, which, however, was always relieved by the ice-bag. Emboldened by her seamanship and experience, and greatly benefited by her open-air life in Cuba, she determined on her return to make no use of the ice, but by remaining constantly in the fresh air on deck, to bid defiance to the enemy. Unfortunately for her resolution, but fortunately for the reputation of the treatment, the homeward ship was very different from the first.

No sooner did the steamer reach the mouth of the harbor than she struck a heavy cross sea, and from that time until they came into port, four days and a half, they were in very rough water.

Mrs. —— took occasion, as they steamed down the quiet bay, to fortify herself with a good dinner, and on the strength of it went up on deck just as the vessel began to feel the waves.

She soon became nauseated, and in half an hour was obliged to walk to the side of the vessel and relinquish the meal upon which so much dependence had been placed. This she was able to do unaided. In about fifteen minutes, however, being again called in the same direction, she could not walk without assistance. Violent and distressing retching now set in, with scarce a moment's intermission. She rapidly became prostrate, the blood leaving the head and extremities, which were very pallid and cold, and what was still more alarming, severe spasmodic contractions of the muscles of the extremities, with intense pain in the lower part of the abdomen set in. I had warned her husband of the danger of abortion from the violent action of the abdominal muscles, and, the ordinary remedies for sea-sickness having been exhausted in vain, he now became alarmed and resolved to apply the ice without further delay.

Obtaining assistance, he carried his wife—more dead than alive, and conscious of but one desire, as far as her anæmic brain was capable of con-

sciousness, namely, that of being thrown overboard — down to the state-room, and had the ice-bag filled in all its compartments.

The effects of its application were little short of miraculous. In three minutes, the retching ceased and the spasms were calmed. In a quarter of an hour, she had fallen into a quiet sleep; and in half an hour, her hands and feet were of natural warmth, and her face had regained its wonted color. In two hours, she awoke, greatly refreshed, and ate two slices of toast with a cup of tea, and from that time did not miss a single meal. At eleven o'clock, that night, slight symptoms of disturbance returning, the ice was at once re-applied, with most satisfactory results. She slept peacefully all night, although the sea was very rough, finding no inconvenience from the cold poultice, *except when it happened to be pushed off the spine.*

It was applied again before breakfast the following morning, and after this, about five minutes before each meal, being allowed to remain on until the ice was melted, usually about two hours. On the third day, she began to experience some pain in the chest, and her husband removed the ice from the middle partition, with the result of its disappearance. A few times it was necessary to apply it between meals, or on going to bed, but generally the three applications daily proved sufficient. I have seen as yet no history of a case in which this method of treatment has been tried on a long voyage, as across the Atlantic. Dr. CHAPMAN's cases were only during the few hours required to cross the Channels. Mine, I think, covers a greater length of time than any yet published, and I can see no reason why the process may not be successfully extended over twelve days as well as four, with proper care and management.

BENJAMIN LEE, M. D.,
109 South Broad street, Philadelphia.
May 25th, 1866.

Viability of Twins at Seven Months.

Dr. WM. P. RODEFER, of New Market, Tenn., writes as follows:

"I find in your issue of the REPORTER, of April 14th, the report of an interesting case by Dr. C. B. BRAMAN, in which a female fœtus of four and a half months survived delivery for more than two hours. I send you herewith a notice of a more interesting case of a similar kind, which came under my own care and observation.

"Mrs. A. L. W. met with a miscarriage at the end of six weeks from the cessation of the menstrual flow, about the 10th of September, 1865. The case terminated well, without a single untoward circumstance. On the 24th day of February, of the present year, Mrs. W. was delivered prematurely of *twins*, male and female—the male fœtus surviving the operation of delivery more than two hours, and the female fully one hour and a half. The former was large and as well developed as it is usual to find a fœtus of seven months. The female fœtus measured full five inches in length, and was by no means an insignificant "abortion of humanity."

News and Miscellany.

Mortality in New York.

According to Dr. HARRIS' Report there were during the week ending Saturday, May 26, 392, deaths in the city of New York, a decrease of 67 as compared with the previous week, and an annual mortality of 26.54 in 1000 inhabitants. The deaths were distributed among the different wards.

In transmitting these records to the Board of Health, Dr. HARRIS says:

The death-record, which we submit to-day, presents the following instructive features:

First: That the total number of deaths in the city of New-York last week was much less than in any previous week. The 392 deaths here reported gives a death-rate which would be equivalent to an annual mortality of 26.54 to the 1000 inhabitants. From Dr. FARR of the Registral-General's Office we learn that 26 per 1000 was the annual rate in London the first week of this month, while in the 13 chief cities of Great Britain, the same week, the rate was 29 to the 1000, a mortality 3½ in the 1000 greater than one in New York.

Second: The mortality of the week was diminished in those classes of causes that are most certainly and speedily controlled by civic cleanliness and domestic care. Zymotic diseases killed but 73 persons. Small-pox killed none. Measles and scarlatina killed 13; but we must not fail to notice that diarrhœal maladies destroyed 20 lives, and that 19 others were destroyed by the typhus and typhoid poisons. The latter causes can only be controlled by the utmost vigilance in the sanitary care of the tenant-house population, while the diarrhœal cases occurring almost exclusively in the same overcrowded and neglected quarters represent the same localizing causes of preventable disease; 14 of the 20 deaths from the diarrhœal maladies were in infants of less than one year. No case bearing any aspect of cholera occurred.

Third: The total infant mortality was diminished. Pulmonary diseases destroyed a full quota, and of the 146 deaths from this class of causes, 47 were in persons between the ages of

20 and 40 years, while only 10 infants in the first year of life perished from disease of the respiratory organs.

Fourth: The death pressure was greatest in the First, Third, Sixth, Eleventh and Thirteenth Wards, where the localizing causes of epidemics are in fullest force.

Fifth: Twenty-one persons were killed by accidents, negligence and violence in various forms last week; 26 was the total of this list the previous week. That most of these deaths could have been prevented, is certain; and that many of them should have been under existing laws, is equally certain. Even the number of suicides can be greatly diminished by controlling the means of suicidal destruction. Let the Board of Health make it impossible or very difficult for a person to obtain strychnia and other active poisons, and the chances of suicidal impulses and acts of the hard-driven speculator or the miserable melancholic will be diminished.

The New Mineral Water of Saratoga.

An analysis of the water taken from the last discovered spring at Saratoga, shows it to possess qualities quite equal, if not superior to the famous Congress Spring. The water is pleasant, and acts as an aperient and tonic.

Dr. Pohle gives the following as its saline constituents per gallon:

Chloride of sodium,	565,300
Chloride of potassium,	357
Chloride of calcium and magnes.	traces
Bi-carbonate of soda,	6,752
Bi-carbonate of lime,	56,852
Bi-carbonate of magnesia,	20,480
Bi-carbonate of iron,	1,724
Sulphate of lime,	448
Sulphate of magnesia,	288
Sulphate of soda,	2,500
Sulphate of potassa,	370
Silicic acid,	1,460
Alumina,	380
Grains,	656,911

Free carbonic acid gas, 212 cubic inches. The carbonic acid gas, I have no doubt, exists in greater proportion at the spring than it yields when bottled, as in this instance. The water was carefully tested for iodine and bromine, but neither was detected.

Trichinæ.

The *Medical Press and Circular* states that in a case reported by Dr. Thudichum, (that of a German, 58 years of age,) he calculates the number of worms contained in the body of the patient at about 40,000,000. A microscopic specimen of the flesh would frequently show upward of fifty of these capsules, and there were parts where the muscle seemed to consist of almost nothing but such capsules.

—— Dr. G. R. Swetting, of Berlin, Wisconsin, died May 30, from the effects of a slight puncture in the finger with a needle, received while sewing up a body after a post-mortem examination.

—— Boston Milk.—A Boston paper reports that the Assessors of Ward Seven, in that city, recently had the curiosity to examine a large milk establishment, and finding four large casks, weighing probably two thousand four hundred pounds, they investigated the contents of one of them—a stave being broken, and thus affording access. It was filled with refined whiting, and on taking a sample for experiment, they found that mixing it with water gave a very good imitation of milk.

—— Medical Statistics.—The Secretary of War, in compliance with a resolution of the Senate, calling for a compendium of the medical statistics collected during the war, states, on the authority of the Surgeon-General, that the records of many of the hospitals have not been received, and that the tabulation of those at hand is not complete; so that any compendium of the medical statistics of the war, at this time, must necessarily be based upon partial data, and hence be untrustworthy and valueless.

—— Quarantine at Matanza.—The captain of a brig arrived at Baltimore from Matanza, reports that an order has been issued, placing a quarantine of fifteen days on all vessels arriving from the United States.

—— A great many examinations of air are now making by scientific men. The very worst atmosphere yet found was in a court-room, the specimen showing that 5000 parts of oxygen were absent in each 1,000,000 of air. To have 1000 parts gone is bad, and 2000 parts very bad. The only parallel to this court-room was found in the under galleries of coal mines.

——A curious effect of the influence of civilization upon nature is seen in Pennsylvania. The Flora of the State is found to have undergone remarkable changes, plants that were formerly rare being now quite abundant. This effect is attributed to the spread of railways, and the change is so marked that some botanists think the "foreign" Flora will supplant the native. The valley of the Susquehanna has already been taken possession of by the invaders.

Ozone. —M. Soret has determined that the density of ozone is one and a half times greater than that of oxygen. Dr. Boeckel, of Strasburg, has shown from observations conducted during a period of eleven years:—

1. That there is more ozone in the spring of the year.
2. That May is the richest month.
3. That October and November are the poorest.
4. That there is less ozone at night than during the day.
5. That certain years were rich in ozone—1852, 1863.
6. That the barometric variations, morning and evening, coincided with the variations in the quantities of ozone.

—— The theory that ozone and antozone are two opposite electrical states of oxygen, and that ordinary oxygen is composed of the two opponents balancing each other, has led to the theory that all matter is in this condition, and several important observations have been made which go to sustain the view.

—— Dr. HENRY I. BOWDITCH of Boston, who, a year or more ago marked in caustic the letter D upon James Mulcahey, under the impression that he was a deserter, has been mulcted in the sum of one thousand dollars. The plaintiff demanded ten thousand dollars.

—— Professor KNOP, of Leipsig, while searching for crystalized specimens of crysolite, has found a new mineral, to which, from its appearance, he has given the name pachnolite, from a Greek word, meaning "frost."

—— Carbonic acid has been resolved by M. DEVILLE into an explosive mixture of carbonic oxide and oxygen. The transformation was effected at 2372° Fahrenheit.

—— It is stated that LIZZIE MCDANIEL, a young lady living at Spencer, Owen county, Illinois, recently died from the effect of inhaling the vapor of Costar's rat poison.

——Dr. BRACKEN, was nominated for Congress in the Brookville, Indiana District, on the 2d inst.

Army and Navy News.

ARMY.

ASSIGNED.—Brevet Captain Elliott Coues, Assistant Surgeon U. S. Army, to duty in the Department of the South.

Surgeon Thomas M. Getty, U. S. Army, is hereby relieved from duty as Medical Director Department of the South.

Brevet Colonel John Campbell, Surgeon U. S. Army, is hereby relieved from duty as Medical Director Department of Georgia, and ordered to duty as Post Surgeon at Sackett's Harbor, New York.

Brevet Major C. K. Winne, Assistant Surgeon U. S. Army, is hereby relieved from duty as Post Surgeon at Sackett's Harbor, New York.

HONORABLY MUSTERED OUT.—Surgeons R. B. Bontecou, E. Bentley, and George A. Otis, Brevet Lieutenant Colonels U. S. Volunteers.

Surgeons John H. Bayne and John F. Huber, U. S. Volunteers.

Assistant Surgeon H. T. Lawler, Brevet Major U. S. Volunteers.

Assistant Surgeons J. M. Jenkins, William S. Tremaine, Godfrey A. Kretchmar, Pierson Rector, Thomas R. Dunglison, Timothy E. Wilcox, David G. Rush, and R. W. Coale, U. S. Volunteers.

MARRIED.

AUSTIN—DICKINSON.—On the 23d ult., by the Rev. Richard A. Newton, D. D., John H. Austin, M. D., formerly of the U. S. Navy, and Miss Maggie W., eldest daughter of the late Dr. A. C. Dickinson, of Philadelphia.

BOSS—CRITTENDEN.—At Dover, N. J, on Wednesday, June 6, by the Rev. B. C. Megie, Charles V. Boss, of Sparta, and Fanny, youngest daughter of the late I. Crittenden, M. D.

BRACKETT—WEBSTER.—In Wetsminster, Maryland, May 15th, by the Rev. Mr. Amos, Dr. Samuel J. Brackett and Miss Lizzie S. Webster, both of St. Louis, Mo.

BURG—HOLTZWORTH.—May 15, by Rev. A. H. Kauffman, Dr. Washington Burg and Miss Sallie Holtzworth, both of East Hempfield, Pa.

FLITNER—DOW.—In Boston, June 4, by Rev. E. N. Kirk, D. D., Mr. Joseph Henry Flitner and Miss Mary M., daughter of Dr. John Dow, all of Boston.

MATTINGLY—LORING.—In this city, on the 5th inst., by the Rev. Benjamin Watson, D. D., Thomas Mattingly, M. D., of Miss., and Mrs. Eliza Loring, daughter of A. J. Nunes, Esq., of this city.

MILES—DYER.—At Roxbury, Mass., on the 3d inst., at the residence of the bride's father, F. M. Dyer, Esq., by Rev. S. Tupper, assisted by Rev. G. Whittaker, C. Edwin Miles, M. D., and Miss Eunice Pierce Dyer, both of Roxbury.

PHELPS—HAND.—At Woodlawn, Westchester county, N. Y., on Thursday, May 31, by Rev. Wilson Phraner, Mr. John B. T. Phelps and Miss Mary J. Hand, daughter of Dr. E. K. J. Hand, all of Baltimore.

THAYER—HOUGHTON.—In Boston, Mass., by Rev. O. T. Walker, Mr. J. H. J. Thayer and Miss Mary A., only daughter of L. W. Houghton, M. D., all of Portland, Me.

WARD—BOEHM.—In this city, on Tuesday, June 5, by the Right Rev. Bishop Wood, Dr. D. O. C. Ward and Fanny, daughter of the late A. W. Boehm.

WILES—HINMAN.—May 30th, at the Presbyterian Church, Columbus, Ind., by Rev. N. S. Dickey, Col. Wm. M. Wiles, of Indianapolis, and Miss Josephine Hinman, daughter of the late Homer T. Hinman, M. D., of Columbus.

DIED.

DUNHAM.—At New Brunswick, N. J., on Saturday, June 2, of congestion of the brain, Jennie Stout, only child of Dr. Charles and Elizabeth W. Dunham, aged 4 months and 11 days.

HARDIN.—After a protracted illness of five weeks, in St. Charles, Mo., on May 7, 1866, Dr. Thomas J. Hardin, of St. Louis.

LOFTUS.—In Chelsea, Mass., June 4, Dr. Robert Loftus, aged 58, formerly of Liverpool, England.

NETHERTON.—In Taylorsville, Ky., March 7th, 1866, Dr. Robt. T. Netherton, in the 35th year of his age.

OBITUARY.

Prof. Henry G. Cox, M. D.

The following biographical sketch of Dr. Cox we find in the New York *Daily Times*.

Dr. Cox was a native of Bermuda, and was born in or about the year 1818. He received an excellent English and classical education, and before he left Bermuda had been appointed a magistrate of the parish in which he resided, and had also been elected to the Legislature of the Islands. At the age of twenty-six he came to New York to pursue the study of medicine.

The success and reputation which Dr. Cox attained in his profession were due entirely to his own character and efforts. He came here a stranger, without any social or political connections or relatives, and with no other friends than those he made for himself. He studied medicine under the late Dr. CHEESEMAN, and in 1849 graduated with distinction at the College of Physicians and Surgeons. He was immediately appointed House Physician at Bellevue Hospital, and not very long afterward he was called to a position on the medical staff at the Quarantine Hospital, Staten Island. About 1850 he settled in private practice in the city, and obtained the position of Physician to the State Hospital at Ward's Island. This office he held for many years with great credit to himself, and with equal efficiency and benefit to the institutions, and only left it to attend more closely to the private practice that had been growing up for him. He was never forgotten by the Commissioners in charge of the hospitals; and lately, when a principal consulting physician was appointed to them, Dr. Cox, without any request or solicitation on his part, received the appointment. At the period of the inauguration of the New York Medical College, Dr. Cox was appointed Censor, and afterward to its Professorship of Theory and Practice, retaining the office with great acceptance for a number of years. Dr. Cox took an active and enthusiastic interest in the organization of the Nursery and Child's Hospital, and to his affectionate care and close watchfulness in its earlier years is due much of the usefulness of this excellent institution. While at Bellevue Hospital he had nearly fallen a victim to the diseases he had to cope with. In the season when the ship fever was so prevalent and disastrous, he relaxed no effort or diligence, but met each greater call upon his time and skill with additional exposure and sacrifice of necessary rest and relaxation. He was at last smitten with the disease his skill had so often overcome in others—being at as low a stage as he could be and recover—and nothing but the most devoted care and nursing brought him safely through.

Dr. Cox had great, natural aptness for his profession, and a love for its practice. He brought to its study no crude or immature intellect, but his fine, natural gifts had been trained and disciplined in the positions—premature to his years, but not to his abilities—that he had enjoyed in his native place. He was earnest and thorough in all he undertook, and those who saw his devotion as a student were pleased to recognize its

results in the skill and acquirements of the practitioner. Dr. Cox was much liked in the profession. Incapable of envy or bitterness, he excited none. He comprised in his character none of the arrogance that too frequently accompanies qualities as high and special as his. Indeed, unselfishness was more than passive in him; it was so sheer and constant as to become the obvious basis, the guiding excellence, of his character. Those who have been his patients, most valued, and most will miss him. Their attachment to him was very strong. They saw with what sympathy and solicitude he exercised his skill; how gently and untiringly he met the caprice, or confronted the fears and anxieties of the sick room, and with what an absence of pretence he accomodated himself to their conditions, and gave equal care and attention to all who needed or received his services.

Any notice of Dr. Cox would be unjust as well as incomplete, if it did not refer to his Christian faith and trust. He was in all respects a devout, religious man. Some two years ago he received a severe injury, which disabled him, and kept him confined to his bed and room for many months. During all the time he never complained; but, composed, bore all his pains and inconveniences with a docility that reproved the impatience of his friends, and never seemed to know or take credit to itself as resignation. He realized a Providence in all the concerns and events of life, and he so lived as to meet with satisfaction and composure the Providence that comes with death.

About three weeks ago, while conversing at the house of a professional friend, Dr. Cox was suddenly attacked with paralysis, resulting, no doubt, from the severe strain upon him of the anxieties and fatigues of a laborious professional life. He was removed to his house, and from the time of his attack he sank gradually until the hour of his decease, in spite of the assiduous and devoted care of his professional friends and attendants.

At a meeting of the Medical Board of the State Emigrants' Hospital, the death of Dr. Henry G. Cox, late consulting physician, being announced by Dr. J. M. Carnochan, Surgeon-in-Chief, the following resolutions were adopted:

Resolved, That the Medical Board of the State Emigrants' Hospital express their sincere regrets at the death of their late associate, Dr. Henry G. Cox.

Resolved, That through the many years of their connection they have received most valuable advice and assistance from their late associate, and that from his ripe and studied experience, and his gentle and sympathizing demeanor in his intercourse with his colleagues and his patients, they have sincere cause to mourn his demise, and that the Medical Board of the Hospital sincerely and deeply sympathize with his bereaved family.

Resolved, That a copy of the above resolutions be transmitted to his family.

(Signed,) Geo. Ford, M. D.,
Physician-in-Chief, Chairman.

John Dwyer, M. D., Secretary.

ANSWERS TO CORRESPONDENTS.

Dr. W. W., London, C. W.—Sent by mail, 1st inst., Zeigler on Nitrous Oxide.

Dr. L. M. J., Greene, N. Y.—Sent by Express, 9th inst., 3 globe pessaries.

Dr. D. W. J., Kittery, Me.—Sent by mail, 8th inst., Bennett on Uterus.

Dr. W. B., Scio, Ohio.—Sent by mail, 8th inst., Pareira on Food and Diet.

Dr. J. H., Idaho City, Idaho Territory.—Sent by mail, 8th inst., Turnbull on Vision, and on Nervous Deafness.

Dr. J. W. B., Washington, D. C.—Sent by mail, 8th inst., Wythe's Pocket Dose-book.

METEOROLOGY.

May,	28,	29,	30,	31,	J. 1,	2,	3.
Wind	N. W.	N. E.	W.	W.	S. W.	E.	N. E.
Weather	Cl'dy.	Cld'y. Rain.	Clear.	Clear.	Cl'dy.	Cl'dy.	Cl'dy. Rain.
Depth Rain		4-10					1 in.
Thermometer.							
Minimum	61°	50°	52°	54°	52°	52°	57°
At 8 A. M.	63	60	56	63	61	62	61
At 12 M.	65	57	66	75	68	73	64
At 3 P. M.	65	56	67	75	70	72	68
Mean	64.75	55.75	60.25	66.75	62.75	64 75	62.50
Barometer.							
At 12 M.	29.5	29.8	29.9	30.	30.2	30.1	29.9

Germantown, Pa. B. J. Leedom.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 486.] PHILADELPHIA, JUNE 23, 1866. [Vol. XIV.—No. 25.

Original Department.

Communications.

THE ALLARTON or MEDIAN OPERATION FOR STONE.

By Charles C. Hildreth, M. D.,

Of Zanesville, Ohio.

The report of a case of median lithotomy in the Medical and Surgical Reporter, January, 1866, by Dr. Walter, of Pittsburg, suggests a few thoughts in regard to the comparative value of that operation. The distinctive features of the Allarton operation, it will be remembered, are briefly the following. The external incisions are made in the median line of the perinæum, the membranous portion of the urethra is opened immediately in front of the prostate gland, the prostatic portion of the urethra and the neck of the bladder are then dilated, instead of being cut, and the stone extracted in the usual manner. The operation is founded upon that wise provision of nature, that all the sphincter muscles of the body, with the proper care and skill, can be very freely dilated. The prostate gland, although muscular, fibrous, and glandular in structure, can yet be dilated very considerably without laceration. This is more especially true in young subjects. The mucous coat or lining of the gland is so loosely attached that it will also bear very free expansion without rupture. The concentric muscular fibres about the neck of the bladder and all other muscular structures which perform the office of sphincter to that organ, can be dilated still more readily than the prostate. In fine, the extent to which the tissues at the neck of the bladder can be dilated, make the Allarton operation worthy the careful attention of all good surgeons.

While I can readily subscribe to all Dr. Walter has said (in the article to which I have referred) in regard to the simplicity and general applicability of the median operation, yet I can not agree with him in what he says of "its immunity from danger," and "its success in every instance, if properly chosen and skilfully performed."

I regret to say, the statistics of the operation, as performed in Europe by Allarton himself and other good surgeons, do not warrant so favorable an estimate of its merits. Judging from the tables referred to, the success of the median does not equal that of lithotrity or lateral lithotomy. If successful results alone, in the hands of one or two operators, should fix the status of any operation for stone, then should the lateral operation supersede all others; for in the hands of our countryman, Dr. Dudley, out of 207 cases, but six proved fatal. This unparalleled success (less than three per cent.) was achieved by the lateral operation, done with Physick's gorget, an instrument now almost abandoned by the profession. The value of Dr. Dudley's practice, however, is in a measure lost as a precedent, when we learn how very carefully he selected his cases; refusing (it is said) to cut patients in whom he suspected organic disease of the kidneys and bladder, or where constitutions were broken down by long continued suffering. Martineau, a British surgeon, lost but two patients in 84 lateral operations; a success never equalled by any other operation for stone. Chesselden, (who may be said to have introduced the lateral operation) lost but one in twenty.

The marked fatality of the median operation after the extraction of large stones, has, no doubt, been justly charged to laceration of the neck of the bladder and prostate, by too much violence. Dr. Erichsen states, in one of his lectures, that there is a ring of fibrous tissue about the neck of the bladder, which will not bear dilatation but to a limited extent, without rupture; that in adults, it is impossible to pass a stone of more than an inch and a half in diameter, without lacerating the ring, and thus opening up the pelvic fascia to urinary infiltration. Other authors state that by slow and continuous dilatation by the finger, or Arnot's hydraulic bag, stones over an inch and a half in diameter can be safely extracted. All good modern authors agree that no one method of operating is applicable to all cases of stone.

The majority of surgical authors of the present time would perhaps sanction the following, as judicious practice. Stone in the female bladder

should be removed by the crushing or dilating process. If too large to be broken up, it should be removed by incision through the vagina and bladder, (the wound being closed immediately by sutures.) We thus avoid that disgusting disease, stillicidium urinæ, so sure to follow incision or excessive dilatation of the neck of the bladder. In male subjects under fourteen years, the median or lateral operations should be preferred. Such operations are almost invariably successful, the mortality in skilful hands being from two to six per cent. In the adult male, the choice of an operation lies between the crushing, cutting, and dilating methods; the health of the urinary organs being considered more than the age of the patient. In cases of stone over an inch and a half in diameter, the lateral or bi-lateral operations have proved most successful, and should generally be practised.

In healthy adults, with no special lesions about the urinary organs, the stone not above the medium size, the crushing process will probably yield the best results in skilful hands. In such also, the median and lateral operations both prove very successful in the hands of some surgeons.

The median operation, in M. Allarton's collection of cases in 1862, gave, in adults, one death in seven. The lateral operation, in Henry Thompson's tables, (same date,) gave, in adults, (510 cases,) one death in 5¼. Prof. Ferguson reports one death in eight by lithotrity, and one in four by lithotomy. But as statistics of this kind cannot fix the value of the operation, it is not necessary to quote any further authorities. Excluding stones of the largest size, the median operation should be preferred to the lateral in cases of children under fourteen; in cases of calculi formed on foreign bodies introduced into the bladder; in cases of crushing where fragments cannot safely be removed by instruments; and in nearly all cases of stone below the medium size.

The advantages of the median operation may be thus expressed. The incisions are much more simple and direct. There is much less danger of hæmorrhage. The perineal artery of the bulb, and pudic arteries escape injury. The bulb itself is frequently cut, (being directly in the line of incision,) but the hæmorrhage from it is venous, and not difficult to arrest. In the median operation, we avoid the danger also of cutting the deep plexus of veins about the prostate, of opening up the pelvic fascia to urinary infiltration, of cutting too freely the neck of the bladder and capsule of the prostate, injuries often followed by inflammation, suppuration, and pyæmia. After the median operation, the patient has the very decided advantage of retaining and passing his urine at will, the sphincter being intact. Bruising, and even laceration of the prostate in the median, are not found, in practice, so serious lesions as the free opening up of the prostate and cervix by the knife. The capsule of the prostate can with great difficulty be torn entirely through by dilatation. This is often done by the knife, unintentionally, to the serious injury of the patient.

In performing the median operation, should the surgeon, from neglect of the proper dilatation, find it impossible to extract a large stone without too much violence, he can drop it and renew his dilatation, or he can perhaps crush it, or by grasping the stone in the forceps, and drawing it well into the cervix and prostate, he can pass his probe-pointed bistoury between the forceps and prostate, and, by a few gentle touches of the knife, liberate any resisting bands of cellular tissue, fascia, etc., and then, perhaps with great ease, extract the stone. A few slight incisions, made in this manner, cannot subject the patient to all the dangers of the lateral or bilateral operation.

The old "marian operation" (of which the median is but a modification) was abandoned on account of its extreme fatality, 50 per cent. dying after its performance. This mortality was justly chargeable to rapid and forcible dilatation, or rather laceration of the neck of the bladder and prostate by metallic instruments. The mortality of the modern median or Allarton operation is chiefly due to the same cause. I fear surgeons do not take the time requisite to safely dilate, nor use the proper means. Allarton and other good operators condemn the use of all metallic dilators. They advise that the finger be used alone in cases of small stones, requiring but little dilatation, and Arnot's water or air bag, when large stones are to be extracted. Chloroform, time, patience, and soft dilating instruments cannot fail to yield better results from the median than from the lateral operation, in all cases, except perhaps those in which the largest sized calculi are found.

The median is an operation in which brilliancy of execution should never be attempted. It should never be done "against time." Allarton himself was willing to devote hours to it, instead of minutes, if found necessary to secure safe and efficient dilatation.

A few cases in illustration of the variety of subjects in which the median operation can be safely performed, and I have done.

Case 1*st.* Child of Wm. McFarland, of Coshocton county, Ohio; three years old; male; had shown symptoms of stone for six months; has prolapsus ani from constant straining to expel urine; stone readily detected by sounding. Allarton operation performed September 10th, 1860. Present, Drs. Cass and Ellis, of Dresden. After a little dilatation of the neck of the bladder by the finger, three small calculi were removed by the forceps. As the whole mucous coat of the bladder was in reach of the finger, I was perfectly certain at the conclusion of the operation, that no more stones remained. The child recovered promptly from the operation. The tendency to the formation of stone, however, continued. Several small calculi during the next six months came down from the kidneys, and passed the urethra. One of them lodging in the urethra, required a slight incision for its removal. The urine being phosphatic, the child was put upon a course of mineral acids, vegetable tonics, etc. This treatment appears to have permanently arrested the predisposition to calculous formations. The child is now in perfect health.

Case 2*d.* Mr. R. Humphry, residing near Roseville, has had symptoms of stone for two years; age 65. Constitution broken down by continued suffering; is thin, pale and feeble. Median operation performed June 10th, 1864. Present, Drs. Bell, McElroy, and Conn. The membranous portion of the urethra was very readily opened; the prostatic portion and cervix yielded easily to the finger and forceps. Two calculi were removed by the forceps, without difficulty; the larger of which measured nearly three inches in circumference.

No unpleasant symptoms followed. The day after the operation, he passed urine by the urethra. At the end of a week he seemed so well, that his friends persuaded him to return to his farm in the country, about two miles from Zanesville. To this date he has had no further symptoms of stone.

Case 3*d.* Benjamin Walters, residing near Zanesville, has had symptoms of stone for the last seven years. He is a very large, healthy-looking man; age 75; height, six feet two inches; weight, 250 pounds. Median operation performed January 30th, 1866. Present, Drs. Bell, McElroy, and Jennings. Owing to the great depth of the perineum, the incision required to be made with more caution than usual. The membranous portion of the urethra was opened, the prostrate and cervix were dilated by the finger and forceps; the stone caught in the largest-sized forceps, and an attempt made to extract. On account of the large size of the stone, this was found impossible, without too much violence. After one or two efforts to further dilate, and an unsuccessful effort to crush, the stone was fairly caught in the large forceps, drawn well down into the cervix and prostate, and there held, while the probe-pointed bistoury was used to liberate (by slight incisions) several resisting bands of cellular tissue, fascia, etc. A little further effort then sufficed to extract the stone. The forceps was again introduced, and another stone of nearly the same dimensions easily removed. The great depth of the perineum entirely prevented the introduction of the finger into the bladder. It was, however, carefully explored by the proper instruments, but no more foreign bodies found.

Venous blood was lost freely during this operation. This, however, was promptly arrested by the liberal use of cold water. The calculi, (phosphate of lime and magnesia,) were of the following dimensions: The larger, in circumference, long axis, four inches; short axis, three and a half. The smaller, long axis, four inches; short axis, three and a quarter.

This patient recovered in the course of two or three weeks, without any serious complications. His urine was under the control of the will, but his bladder for a few days was quite irritable, requiring the usual remedies. The wound was kept clean by injections, and soft, by the liberal use of simple cerate.

He began to pass water by the urethra in less than a week. The external incisions healed in the usual time, and he is now entirely free from all symptoms of stone.

Had the requisite time been devoted to dilatation in this case, and the hydraulic bag been used as directed by Allarton, the larger-sized stone could no doubt have been safely extracted, without any departure from the true median operation.

Emboli,—Heart Clots.

At a recent meeting of the Harveian Society of London, Dr. Stewart, as reported in the *Press*, described the various forms of fibrinous clots or concretions found in the heart after death. The proofs of a *post-mortem* clot, or polypus, according to Dr. Richardson, are its position upon the upper surface of a red coagulum, and its being easily washed away by a stream of water.

An *ante-mortem* clot is characterized, 1st, by its filling a cavity; 2d, its being grooved externally by a current of blood, or bared by a current through its centre; 3d, its being firmly adherent by a mechanical or organic tie to the walls of the heart or vessel; 4th, its structure being laminated, or containing in its centre broken up fibrine; 5th, its being deeply indented by the surrounding structures.

LABOR RETARDED BY HOUR-GLASS CONTRACTION.

By H. G. Davis, M. D.,

Of Latta's, Ohio.

I was called to see Mrs. M., æt. 38, in what I learned to be her sixth confinement. Mrs. M. is a remarkably large woman. On examination, I found the head presenting favorably, the os uteri dilated sufficient to lead me to believe the labor would soon terminate. Pains regular and good. After watching the case for three hours, I was astonished that no progress was made, there being perfect dilation of the os uteri. The liquor amnii having escaped, I made a thorough examination. The vagina very large and soft. Everything seemed to favor a speedy delivery. Having always believed that "meddlesome midwifery is bad," and the pains being sufficient, I saw no need of interference. Six hours I thus waited, and there was positively no advancement. I now determined to give ergot. This was followed by most severe pain in the umbilical region, (of which she had complained some before.) So severe was this, that I found it necessary to cease giving the ergot.

Her mother and the friends now became much alarmed, informing me that her sister had died, some three years before, under the care of a respectable physician. I proposed using forceps, which neither the patient nor friends would consent to, all believing that she must die.

I now determined to introduce my hand into the womb, and if possible, learn what prevented the escape of the child. There seemed to be room for the passage of a very large child through the pelvis without difficulty. I introduced my hand along the body of the child until I came to about the centre of the womb. Here I found a contraction, as if a strong rope had been tightly drawn around it, embracing the child near the umbilicus. Here was the cause of all the delay.

I at once resolved, by introducing the hand, to overcome this singular contraction. I found it most difficult, however. The contraction was so firm, it was only by faithful perseverance that I at last succeeded with it—first, the fingers, then the hand. Beneath those unyielding fibres considerable quantities of liquor amnii escaped, as space would permit. The distressing misery, of which she complained so much, in the region of the fundus uteri, began to yield. After retaining my hand in this position until the corded band seemed obliterated, I then quietly withdrew it, and was much gratified to see a fine living male child expelled in a few minutes. The mother and child both did well. Although Mrs. M. removed from this immediate neighborhood, I have attended her in one confinement since, which labor was natural and easy.

LIGATION OF THE COMMON CAROTID.

By Samuel Page, M. D.,

Of Jackson, California.

H. Sharron was for several months a subject of an aneurism of the right carotid artery at its bifurcation. The tumor having increased so much of late life was imperilled. On the 12th of February, 1865, he was seen by Dr. Samuel Page, who referred him to Drs. William Sharp, Cook, and Mills. All agreed that the carotid artery must be tied, and that it should be done as soon as possible, as the tongue was already paralyzed from the pressure of the aneurism and there was danger of its being ruptured at any moment. February 14th, Mr. Sharron was brought under the influence of chloroform and was operated on by Dr. S. Page, assisted by Drs. William Sharp, Cook, and Mills. An incision about three inches in length was made on the right side of the neck, extending from the external to the anterior jugular veins, dividing the skin; the superficial fascia, and platysma muscle were divided, leaving a cross vein isolated. The anterior edge of the sterno-mastoid muscle was exposed and an incision down its anterior border, through the deep fascia, was made (which was carefully cut through on the director). A small twig of the superior thyroid artery was divided, but torsion soon closed it. The sheath of the carotid artery being exposed, it was pinched up by the forceps and perforated with the spearpoint bistoury and it was divided a short distance, and the internal jugular vein and vagus nerve and sterno-mastoid muscle were drawn aside with a retractor and the artery was secured, where the omohyoid muscle crosses it, by passing the ligating needle under it from the outside inward. Before the ligature was drawn it was examined closely, to be sure that nothing but the artery was included. The ligature was drawn tight, and it was found that the tumor became flaccid, as the blood was entirely cut off from it, but there was an impulse given to it through the medium of the vertebral artery which was compelled to perform a double office to supply the brain with the blood which was cut off by tying the carotid. After the ligature was properly adjusted, the wound was brought together and dressed. The patient was then placed upon his bed and he came out from under the influence of chloroform without any untoward symptoms. He was

watched day and night. The remedial means needed have been employed.

"On the 19th day, an attempt to remove the ligature parted it, leaving the portion around the artery within. The fluids had caused a decay of the fiber of the silk. The wound healed in about one month. About the second month an ulceration occurred at the side of the ligature, but it healed in a short time. It is thought that the rest of the ligature was absorbed. We did not use silver wire, as it was not convenient to get and the operation could not be delayed. Patient is now as well as ever in his life.

Hospital Reports.

Pennsylvania Hospital,
April 4, 1866.

Medical Clinic of Dr. Da Costa.

Reported by Dr. Napheys.

Diphtheritic Paralysis.

Joseph B., æt. 24. He was affected with diphtheria on the 1st of January last, which, with the sore-throat remaining after it, lasted for six weeks, during all of which time he had difficulty in swallowing. About a week after he was first seized, he noticed that when he attempted to swallow liquids, they passed through his nose; yet he says that his speech was not impaired. He observed, in the beginning of February, that he could not walk well, his legs seeming very weak and numb, and the feeling of numbness was not confined to the lower extremities, but involved the fingers also. The power of sensation became somewhat impaired, and the numbness persisted.

Since he has been under treatment, which is about a week, and from his own statement, even prior to this, there has been an improvement in his condition. He walks better, the numbness is disappearing, and there does not now seem to be any loss of tactile sensation, though a certain cutaneous anæsthesia still existed at the time of his admission into the hospital.

This case presents an approach to, though not a full development of that peculiar affection which is noticed, at times, after diphtheria, in a much more marked form, called diphtheritic paralysis. It reaches sometimes such a degree as to confine the patients to their beds. Then, again, it may remain for a long time localized. The sense of tact merely may be impaired, there being a most perfect power of motion. It is not often a complete paralysis of sensation or of motion, and still more rarely of both.

A frequent forerunner of the palsy of the extremities is a local affection of the muscles of deglutition, as shown by the inability to swallow with readiness, and the rejection even of fluids through the nose. In some of these cases there is co-existing albuminuria.

The man now presents no signs of any internal disease. His appetite is good, his tongue clean, his bowels regular, and he passes about the normal quantity of water. He is convalescing from the disease.

Diphtheritic paralysis is of a functional character. The poison of diphtheria acts by enfeebling the nervous system, and the co-existing altered impoverished condition of the blood—shown often by blowing sounds in the heart and the veins of the neck—produces a general depressing effect. It is because the palsy is not due to any structural lesion that most of these cases recover; and that rather speedily, though gradually.

The best remedies are small doses of strychnia or ignatia amara, quinine or the sulphate of cinchonia, and above all, the tincture of the chloride of iron, for chalybeates seem to be especially indicated. Good results may be obtained from the local tonic effect of mild galvanic currents—faradization over the muscles which seem to be most affected. In this case such treatment would be unnecessary. This man has good food, goes into the open air, is put in the best hygienic condition, and is taking one quarter of a grain of extract of nux vomica with a grain of the sulphate of cinchonia, in a pill, three times a day, and twenty drops of the tincture of the chloride of iron after meals.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Subject for Discussion:—Puerperal Fever.

Dr. George Hamilton opened the discussion as follows:

If there be one disease, in the wide circle of those to which mankind is subject, that more than any other demands our most thoughtful attention and earnest effort for its prevention and cure, it is that for whose discussion we have this evening assembled, viz., *Puerperal Fever*.

Not, indeed, that this affection, in the number of its victims, holds any remarkable prominence in the bills of mortality, but, rather, in view of its excessive fatality in proportion to the number attacked, and, more particularly, in reference to the peculiar objects of these attacks, and the trying circumstances under which they occur. The entrance of the grim messenger Death, into the chamber of sickness, is always most sad and solemn; but what language shall fitly portray the agony,—the dismay of that household, whose members, but a few days, perhaps not very many hours before, were filled with rejoicing, that a man was born into the world, when the appalling truth suddenly becomes manifest, that the mother,—she, to whom the new being owes its existence,—she, whose own heart was, above all others, filled with joy and gladness, that she had

safely given birth to her babe, was, herself, about to become, or had just become, the victim of a most relentless malady. In this point of view, then, our subject becomes doubly interesting, and, especially demands, amid the various, and, too often discordant views that have been held in relation to the nature, causes, and treatment of puerperal fever, that we bring to its consideration a mind untrammeled by authority, and disposed only to seek for the truth wherever it may be found.

It will not be expected, on the present occasion, that time should be occupied with a detailed account of the symptoms, or general history of puerperal fever; for, did the short space usually allotted to introductory observations admit of this, it would be quite uncalled for in the presence of an assemblage constituted as this is. The remarks about to be offered, as preliminary to the main object of our meeting together on this occasion, will, therefore, be of a general character, and directed, chiefly, to a few of the more important points in reference to the disease in question.

Puerperal fever is the most frequently fatal of all puerperal conditions, and is thought to occasion more deaths than all other diseases of the puerperal state together; and hence it is justly regarded as the scourge and dread of child-bed.

Various names have been given to the disease; such as metritis puerperalis, metrophlebitis, peritonitis puerperalis, and a number of others,—indicative, generally, of inflammation of one or more organs, or parts of organs, or tissues of the uterine system. The propriety of some of these, and other synonyms, may well be doubted, as it seems scarcely possible, when the disease is fully developed, that it could be so circumscribed in its action as these names would seem to indicate. The objection has also been urged by some writers, that terms, pointing, in their signification, to local inflammation as the origin and essence of the disease, create an erroneous impression as regards its true character; believing, as they do, that this affection, especially when it prevails epidemically, is a true idiopathic, essential fever, not depending upon such local inflammation as its cause, but having its origin in some general, wide-spread influence, of a toxical character.

Pain, in the lower part of the abdomen, with great tenderness on pressure, and high fever, occurring, generally, upon the second or third day after delivery, constitute the more striking features of that which is commonly called puerperal, or child-bed fever. The first parturition is generally thought to be more subject to these attacks than a subsequent one, and this, though denied by some, is fully in accordance with our own observation and experience. As a rule, the earlier the attack after delivery, the greater is the danger; and when the invasion occurs, as it sometimes does, immediately after birth, it is, commonly, in first confinements, of unusual severity and duration. Should the disease pursue its course to a fatal issue, this event generally happens, in sporadic cases, between the fifth and eighth day from the period of delivery; in severe epidemics, a fatal result may happen in one or two days from the time of attack.

The diagnosis seldom presents any difficulty, as the symptoms of the disease are peculiarly striking and characteristic.

The prognosis, whenever the attack is violent, can hardly be called favorable; yet recoveries happen under apparently desperate circumstances, and hence the necessity, and duty, in such cases, of perseverance in the use of the appropriate remedial measures.

Puerperal fever varies exceedingly as to its frequency and fatality, in different seasons and localities; yet it does not, in this respect, differ from what is observed in the history of some other diseases. Among the assigned causes of a general and fatal prevalence of puerperal fever is the so-called peculiar "atmospheric constitution" of the time: but what this peculiarity consists in, has never been determined, though supposed by some to be, as before intimated, of a toxical nature. A somewhat singular, and, perhaps, significant fact is, that, during certain epidemics, many fatal cases of puerperal fever occurred in the practice of some physicians, whilst others, in the same places, and equally engaged, met with few or no such cases. Less difficulty exists in explanation of the frightful mortality of the disease in particular localities, as in hospitals, where infection, undoubtedly contagious, probably exerts its full power. What has been noticed in such situations, with other apparently corroborative evidence, drawn from private practice, has led many to regard the disease as erysiplatous in its character. Of the more obvious exciting causes of puerperal fever, a very severe and protracted labor, such as is apt to occur in a first accouchement, has been regarded as one of the principal; and the correctness of this opinion can scarcely be doubted, when we call to mind that the contractile power exerted by the uterus, during labor, has, in some cases, been sufficient to rupture its own substance. Excruciating and persistent after-pains, whether from the efforts of the uterus to return to its normal size and con-

dition, or for the expulsion of portions of the placenta adherent, or, if not adherent, retained by irregular contraction of the uterus, or coagula, similarly retained, may likewise prove an exciting cause of inflammation and fever. The violence sometimes necessarily inflicted in artificial delivery, and the frequent and unguarded introduction of the hand into the cavity of the uterus, for whatever purpose, may, likewise, be admitted as exciting causes. Hæmorrhage, when excessive, is also recognized by some writers as another exciting cause of puerperal fever, yet denied by others, who are disposed to regard the rude manual efforts, and the sudden application of cold, often resorted to, in such cases, to arrest the hæmorrhage, as the real causes of inflammation and fever subsequent to flooding. This may in some instances be true, yet, we are inclined to think that hæmorrhage occurring under such circumstances may, by reason of the violent reaction that often succeeds excessive loss of blood, prove an exciting cause, whenever the other conditions favoring an attack are present. Exposure to cold is one of the most commonly assigned causes of puerperal fever; and, where any predisposition to an attack exists, may, by leading to chill, develop an attack of the disease.

Strong moral impressions, especially those of a depressing or terrifying character, have long been noticed as exerting a baleful influence upon the puerperal woman; and, in times of severe epidemics, many remarkable proofs of the influence of such impressions have been afforded. Fortunately, these exciting causes are often, in themselves, not sufficient to develop a very high or dangerous grade of puerperal inflammation, as is manifest in the fact that the puerperal woman is constantly exposed to some of these influences, and yet, generally, escapes with impunity, or suffers but a moderate attack of inflammation and fever. In a large majority of cases of puerperal fever, no satisfactory obvious causes whatever can be discovered.

On *post-mortem* examination the anatomical changes are generally found to be numerous, and often different in character; yet the evidences of previous inflammation of the uterus, or its appendages and connections, are generally very striking and decided. The bulk of the uterus is greater than natural, for the time; its vessels may be engorged, or its tissue softened, or ulcerated, and infiltrated with pus; the internal surface is sometimes gangrenous in spots, or presents the appearance of diphtheritic patches. The peritoneum is nearly always more or less reddened, thickened, or ulcerated throughout, or upon a limited portion, bordering upon, or within the pelvic region. Effusions of serous, or sero-purulent fluid, mixed with flakes of lymph, are found in moderate or very large amount, and adhesions, of greater or less firmness, may be present, or entirely wanting. The substance of the ovaries may exhibit the same changes as those found in the uterus, and deposits of pus are liable to occur within the folds of the broad ligaments, or in other localities, amid the cellular substance exterior to the peritoneum. Evidence of phlebitis of the uterus is sometimes seen in the existence of pus within the uterine veins, and in such cases, deposits of purulent matter may at times be found in nearly every organ of the pelvic, abdominal, or thoracic cavities, or even in the joints and muscular tissue. These are the usual appearances observed on post-mortem examination; yet it must be stated, that cases are recorded in which no decided evidences of previous inflammation could be found, and this has generally happened in epidemic seasons, when the disease was of a typhoid character, *ab initio*, and proved fatal in a very short time.

The brief and imperfect statement of the usual post-mortem appearances just given, serves to show that we have under consideration a disease of no ordinary kind, and little will be risked in asserting that scarcely any other malady to which woman is subject, presents lesions so terrible in character, or so wide-spread and sudden in development, as that which now engages our attention.

But what is the actual nature of puerperal fever? If reference be made to the various names given to the disease, it will readily be perceived that inflammation of some portion or other of the uterine system, or its connections, must have been the leading idea in the minds of the writers by whom these terms were applied. But, as has been stated, fatal cases of child-bed fever are reported where no signs of inflammation were visible; or rather, where the traces of such condition were deemed too slight to be accepted as a sufficient cause of death. It has also been stated, that when evidence of previous uterine and peritoneal inflammation after parturition are found, they differ much in character from what is seen in genuine peritonitis in the non-puerperal state; in presenting less vascular injection, more abundant effusions, but less plastic in quality, as is shown in the fact that adhesions, if they exist at all, are more rarely met with, and are less firm in consistence. Again, it is alleged that the frequency of pyemia in puerperal fever, and the rapidity with which many cases

terminated fatally, are strongly in contrast with what is generally observed in cases of ordinary peritonitis, and should be accepted as indicative of a more general agency than that of local inflammation.

Considerations arising from this view of the subject, and others of a correlative nature, have led many writers of note to deny that inflammation of the uterus, and its connections, occurring in child-bed, is the primary and essential condition of disease; but on the contrary, such inflammation, with its peculiar concomitants, must be referred to some pre-existent abnormal state of the general system, showing itself, first, in fever, and subsequently, in a majority of cases, in inflammation, as its secondary manifestation. Some of the writers who have espoused this view of the subject, have adduced instances in which virgins and males are said to have experienced attacks of puerperal fever, leaving, as they suppose, no doubt whatever, that the disease is to be placed in the list of primary, essential fevers, and is in no degree dependent upon local inflammation as its cause,—contrary to what is more generally believed. In further support of this view of the subject, it is said that peritonitis requires a number of days before a fatal issue takes place, whilst, in puerperal fever, death may ensue in twenty-four hours. A want of correlation in symptoms during life, and the post-mortem appearances of one disease as compared with the other have also been noticed. Cases are reported in which neither pain, nor tenderness on pressure existed, and yet post-mortem examination revealed signs of previous inflammation; whilst in other instances, much sensibility on pressure was manifested; and on examination after death, scarcely any evidence of previous inflammation could be detected.

[To be continued.]

PATHOLOGICAL SOCIETY of NEW YORK.

Fracture of Thyroid and Cricoid Cartilages.

At the last meeting of the Society, among other specimens presented, was one by Prof. Hamilton, of fracture of the thyroid and cricoid cartilages, taken from a man who had received a violent blow across the neck, and who had died in two or three hours after the receipt of the injury, under symptoms of severe dyspnœa. The specimen had been sent to Dr. H. by Dr. Ellis, of ———. The post-mortem examination revealed extensive infiltration of blood under the mucous membrane of the larynx and trachea. The larynx was nearly closed by infiltration of blood and serum, just below the right ventricle, and there was similar effusion below the glottis. Tracheotomy, which might, perhaps, have saved life, was not resorted to. The patient died of suffocation. The cases of fracture of both the thyroid and cricoid cartilages are not very numerous.

Editorial Department.

Periscope.

Poisoning by Cyanide of Potassium; Recovery.

A correspondent, "W." of the Boston *Med. and Surg. Journal*, communicates a case of poisoning by cyanide of potassium. The patient, a strong healthy man, employed in a machine shop, had taken about three teaspoonfuls of the following solution used for electroplating:—water one gallon, cyanide of potassium one pound, chloride of silver one ounce—making the quantity of cyanide swallowed about twenty-three grains. In the course of two minutes he became senseless. An emetic of sulphate of zinc had operated partially just before his entrance into the Massachusetts General Hospital, about 35 minutes after taking the poison.

When brought to the hospital he was perfectly insensible, respiration slow and rather labored; pupils dilated and fixed; eyes open and protruding conjunctiva slightly injected; face and neck; congested and livid, veins very prominent; skin on head hot; temperature of extremities normal; pulse full, bounding, regular and rapid. Lies immoveable and relaxed on the table.

Stomach pump applied and a solution of salt and water thrown in, the patient being supposed to have taken nitrate of silver. This was soon withdrawn, the stomach washed out thoroughly with warm water and about eight ounces of a solution of ammonia and water (seven drops to one ounce) was thrown into the stomach and allowed to remain, while the vapor of ammonia was applied freely to the nostrils. During this operation convulsive movements of the arms and legs occurred, followed by rigidity; some tendency to opisthotonos. Pupils greatly contracted and fixed; pulse very feeble. Paroxysm lasted about one minute. Cold applications were now made to the head, the patient left quiet,—ammonia occasionally applied to nostrils.

From this time he began slowly to revive. After a time the face assumed a natural appearance, pupils resumed their normal size, and pulse began to fall. By evening he had almost completely recovered from the effects of the poison. Feeling of lightness about head; and some headache continued. Throat a little sore no pain in bowels or epigastrium. Next morning ate a light breakfast, having slept soundly during the night. Feeling perfectly well, he was discharged.

This is a remarkable case of recovery, after the introduction of so large a quantity of the poison.

Bromide of Potassium in Nervous Diseases.

Professor Brown-Séquard in his lectures on *nervous affections* published in the *Lancet*, has some interesting remarks on bromide of potassium. The principal features of distinction between this remedy and iodide of potassium, are, that while the former is useless against the syphilis, it has a power of inducing sleep, of producing amblyopia and deafness, and of diminishing the sensibility of the fauces, the urethra, the conjunctiva, and sometimes of all parts of the skin—a power which the iodide of potassium does not possess. Sir Charles Locock discovered the usefulness of the bromide of potassium against epilepsy; he considered it as being useful in those cases where the affection is due to disturbances in the functions of the female genital organs. Dr. C. B. Radcliffe employed it against all forms of epilepsy, but like other physicians, as Dr. Brown-Séquard thinks, in not large enough doses. Dr. Ramskill and Brown-Séquard having tried the remedy in doses of ten or twelve grains three times a day, found that the dose ought to be raised to twenty grains or more three times a day; the beneficial effects of that dose in epilepsy soon became quite manifest. In France still larger doses have recently been employed, but more than one case of death has taken place which seems to have been caused by the bromide of potassium. The worst effect which the author has seen from a prolonged use of this remedy (for one or two years, with hardly an interruption), at an average dose of three scruples a day, was some sleepiness and dulness of intellect, (in a great measure due to the nervous complaint,) and feeling of fatigue.

Besides its great usefulness in epilepsy, bromide of potassium is extremely valuable against nocturnal incontinence of urine, against seminal losses, against dysmenorrhœa, satyriasis, nymphomania, and several nervous affections coexisting with congestion of the base of the brain, or of the spinal cord. The author has also ascertained that the usefulness of this remedy in epilepsy and in other nervous complaints, particularly when allied with or due to the congestion just spoken of, is notably increased by the addition of a dose of three or four grains of iodide of potassium to each dose of the bromide.

Creasote in Diphtheria.

Dr. J. J. Knott, of Griffin, Georgia, reports in the *Atlanta Med. and Surg. Journal*, that during an alarming prevalence of diphtheria, as a sequel to small-pox, in Longstreet's Corps in 1863, he used the following formula locally to the parts affected, with good results.

℞.	Creasote,	f.ʒij.
	Aquæ font.,	f.ʒij.
	Pulv. acaciæ,	q. s.

A sponge, saturated with the creasote thus suspended in mucilage, was applied to the parts where the pseudo-membranous exudations were exhibited, early in the afternoon. In a few hours, another application was made, and without further treatment, all the more violent symptoms disappeared during the night. Dr. K., since his return from the army, has adopted the same treatment in several decidedly diphtheritic cases with much benefit.

Functional Nervous Affections.

Dr. C. E. Brown-Séquard publishes in the *London Lancet* Lectures on Functional Nervous Diseases, which contain a good deal of interesting matter, and some new.

Of the mechanical and physical means of treatment, he says that they are too generally neglected, although of great value. Among these he enumerates:

I. *Means of increasing the quantity of blood in peripheric parts of the body.* In all cases of diminution of size and density in muscles attacked with reflex paralysis, lead palsy, paralysis agitans, rheumatic paralysis, or idiopathic and reflex wasting palsy, as well as in cases of anæsthesia, with diminished temperature of the skin, it is very useful to increase the quantity of blood in the paralyzed, trembling, or anæsthetic parts. The best mechanical and physical means for this purpose are:

1. When the affected part is not extensive, dry cupping with the ordinary apparatus. 2. Junod's boots, applied every other day, either to a whole arm or a whole lower limb, in cases where there is no œdema. 3. Leg or fore-arm baths at 104° F. 4. Covering the affected part with heated flannel or woolen stocking or sleeve. 5. Shampooing, without uncovering the part if the temperature of the room is low. 6. Friction with a hot piece of flannel only in the direction of the venous current. 7. The affected part should be kept as much as possible in a lower position than the rest of the body.

II. *Means of diminishing the quantity of blood in the trunk and head without bleeding.* It may be necessary to employ these means in the comatose state of certain functional nervous affections, such as epilepsy, eclampsia, delirium tremens, or in nervous disorders due to uræmia, cholesteræmia, or some other kind of toxæmia. Junod's boot may answer the purpose. But a simple means consists in the application, on the upper part of the four limbs, of ligatures tight enough to diminish considerably the return of blood to the heart, without preventing much the arrival of blood. By so doing, a pretty large amount of blood may be imprisoned in the limbs, and all the immediate benefits of bleeding can be obtained, while the bad effects it may have only exist during the time the ligatures are kept on the limbs. The ligatures should be loosened every fifteen or twenty minutes, and applied in a new place after each loosening. To avoid the danger of a sudden return of a great deal of blood, they must be removed successively at an interval of at least a few minutes between two succeeding removals.

III. *Means of increasing the amount of blood in the trunk and head*, may be necessary, or at least useful, in some cases of syncope, in hysteria, in epilepsy, and in a few other neuroses due to anæmia, chlorosis, etc. In addition to laying the patient flat on his back with his limbs lifted up, the main arteries of the four limbs may be compressed with the hand, or a tourniquet near their

place of issue from the trunk. Pressure on the sternum and ribs (over the heart) should be frequently repeated to excite the heart to beat. A most powerful means of exciting the heart to beat in cases of partial syncope, consists in stopping completely the breathing of the patient for one-half or two-thirds of a minute. The blood then becomes more charged with carbonic acid, and more exciting to the heart.

Ether as a Local Application.

Dr. John J. Black, of Philadelphia, communicates an article to the *Amer. Jour. Med. Sciences*, in which he speaks favorably of the local application of ether in *aphthæ* and other diseases of the mucous membrane of the mouth and adjacent parts, where the deposits, according to Worms, are of a non-fatty nature. In *aphthæ*, a camel's hair brush is dipped in ether and applied freely over the parts; a little smarting at first is soon followed by relief.

In "*thrush*," its results have been most pleasing among the many badly-nourished children of the Philadelphia Hospital, (Blockley.) Its application was in the same manner as in aphthæ. At first it produced, or seemed to produce a slight difficulty in inspiration, which was soon relieved by a hearty cry of the infant. In no case was it followed by an unpleasant symptom. The deposit was not immediately dissolved, but seemed to disappear gradually, and in most cases, after twenty-four hours there was none whatever to be seen, and the one application completed the cure, (at least the local cure.) In no case were more than two applications necessary to result in cure. In no case was there the slightest return of the complaint. In from three to four days, the mucous membranes became perfectly normal. Between twenty and thirty cases were thus treated, and after the disappearance of the thrush, they improved wonderfully. These results tend to strengthen the idea that thrush is a local disease confined to the mouth, or at least that this part only causes inconvenience, and the constitutional troubles, as it were, radiate from that centre.

It has also been tested in three cases of "ulcero-membranous stomatitis." One, supervening upon pleurisy, died with extensive sloughing of the parts of the jaw involved. Another recovered without any serious trouble, and seemed to have been greatly benefitted by the ether. The third case, in which the parts were apparently in a gangrenous condition, particularly confined, however, to the gums, without seriously involving the cheeks, also recovered. Of course, tonics and stimulants were used to the fullest extent with the local treatment.

Dr. B. also suggests its use in herpes preputialis, eczema, psoriasis, etc. Dr. Charles E. Smith, Jr., at his suggestion, has used ether locally in cases of chronic ulcer, with good results. In chronic ulcers, in which there is an exudation over the surface, looking like a false membrane, the ether causes it to disappear and granulations to spring up, the ulcers healing much sooner than by any other means. In indolent ulcers with raised edges, it acts very well for a time as a stimulant, but sooner commences to loose its power.

Reviews and Book Notices.

The Ophthalmic Review, a Quarterly Journal of Ophthalmic Surgery and Science, edited by J. Zachariah Laurence, of London, and Thomas Windsor, of Manchester. London; Robert Hardwicke, 192 Piccadilly, W. (It is sent post free to any part of the continent, for an annual subscription of 12 shillings paid in advance.)

This is a most valuable journal, and one that will be appreciated by all who devote special attention to the study and practice of ophthalmology. We have as yet only received No. 9 for April (Nos. 1 to 8 not received) which contains a store house of new and interesting original and selected material, from all parts of the world. The References and Notices by one of the editors, Thomas Windsor, are very useful, and keep one posted up on all the cases of interest published during the interval between the numbers of the Review. Our readers are familiar with Mr. Windsor, as a polished and elegant translator of Von Gräfe's papers on Iridectomy, Choroiditis, and Glaucoma, and published by the new Sydenham society. The London editor, J. Z. Laurence, is also most favourably known to the profession, by his interesting and instructive little work, Optical Defects of the Eye, and as surgeon to Southwark Ophthalmic Hospital. The contents of the April number are two cases of sudden Amaurosis, from Embolia of the ophthalmic artery. On modified linear extraction by Professor A. Von Gräfe, which means the systematic combination of iridectomy, with linear extraction; this translation has been revised by Gräfe, and is illustrated. There is an elaborate commentary on a case of stemiplegia, with amaurosis, by J. H. Jackson; and a practical paper on the treatment of lachrymal obstruction by obliteration of the sac, and numerous other cases of more or less interest. In the review department there is a most severe and critical analysis of the defects of T. Wharton Jones' Treatise on the principles and practice of Ophthalmic Medicine and Surgery. Third edition (1865.) In conclusion, the Reviewer states that the "book is utterly inaccurate and untrustworthy." It speaks of the "Etudes Ophthalmologiques" of Professor Wecker, as the most "complete treatise on ophthalmology that has ever issued from the press," and the extremely moderate price of the work (2s.) is not the least of its merits." There are many new and instructive cases, an abstract of which we should like to copy, but our want of of space prevents for the present, but we have marked several passages which we hope to give to our readers in a future number. L. T.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 23, 1866.

SPECIAL NOTICE.

☞ WE WISH OUR READERS TO BEAR IN MIND THAT THE FIFTEENTH VOLUME OF THE MEDICAL AND SURGICAL REPORTER BEGINS ON THE FIRST OF JULY. IT IS A SUITABLE TIME FOR NEW SUBSCRIPTIONS TO BEGIN, AND AS IT IS LIKELY THAT THERE WILL BE A LARGE ACCESSION OF NEW NAMES TO OUR LIST FROM THAT DATE, IT IS IMPORTANT THAT WE SHOULD RECEIVE THEM AS EARLY AS PRACTICABLE, THAT WE MAY KNOW HOW LARGE AN EDITION IT WILL BE NECESSARY TO PRINT.

*** LET EACH OF OUR PRESENT SUBSCRIBERS MAKE IT A POINT TO SEND US AN ADDITIONAL NEW NAME.

QUARANTINE AT CHARLESTON, S. C., etc.

We have received *General Orders*, No. 24, Headquarters, Dep't of South Carolina, dated April 3d, 1866, ordering the establishment of Quarantine at Charleston, Georgetown, and Hilton Head, South Carolina; and the Instructions for the guidance of quarantine officers, in a Circular of Brevet Lieut.-Col. and Surgeon A. K. SMITH, Medical Director of the Department. We quote from this circular as follows:

"*Medical Director's Office, Dep't of South Carolina,*
CHARLESTON, S. C., April 1, 1866.

Instructions for the Guidance of Quarantine Officers.

"Vessels arriving at examining stations will be subject to quarantine regulations, as follows:

"Those from any place where quarantinable disease existed at the time of their departure, or which shall have touched at any port where such disease exists, shall be sent to the quarantine ground, and remain at least thirty days after their cargo shall have been discharged, *unless the Quarantine officer, after consultation with, and having the approval of, the Chief Medical Officer or Medical Director, shall sooner grant a permit for said vessel, or cargo, or both, to proceed.*

"Vessels arriving from ports not embraced as above, shall be subjected to examination, and if found in a clean and healthy condition, shall not be detained beyond the time necessary for them to be kept under observation; but if found in a filthy condition, or if any case of quarantinable disease shall have occurred during the passage, or shall occur during the period of observation, she shall be subject to such quarantine and regulations as the chief medical officer or medical director shall prescribe.

"If a vessel shall not have had on board, during her voyage, any case of quarantinable disease, and shall yet be found in a condition deemed dangerous to the public health, the vessel and cargo shall be detained until the case shall have been considered by the chief medical officer of the station, who shall, however, render his decision with the least possible delay.

"Vessels in an uncleanly condition shall be considered as subject to suspicion, whether there has been sickness on board or not, and shall not be allowed pratique until the cargo shall have been broken out, and the vessel itself duly cleansed, disinfected and ventilated.

"Before admitting a vessel to pratique, the quarantine officer may enforce the following sanitary measures, if required by the medical director, or chief medical officer of the station. Bathing, and other measures for personal cleanliness, disinfecting clothing, changing position of merchandise on board, or complete breaking out of the cargo, subjection to high steam, incineration, or submersion at a distance below the surface of the water for infected articles, destruction of spoiled or tainted food or beverage, the complete ejection of bilge water; in short, the careful purification of the vessel by the use of superheated steam, fumigation, pumping, scouring and scraping, until disinfection is accomplished."

It will be seen from these extracts, and the *italicized* part of the second paragraph, that while the most thorough enforcement of sanitary precautions is applicable under the orders of the Department Commander, no indiscriminate and unnecessarily severe quarantine is to be feared, as the enforcement and application of the order is left entirely to the judgment of *medical men.*

THE SOCIAL EVIL.

The question, how the spread of venereal disease can be checked and diminished by sanitary supervision and police regulations, has been repeatedly discussed in our columns. The system of licensing houses of ill-fame, as practised in Paris, Berlin, and other Continental cities, has frequently been urged on this side the Atlantic, although it has as often been severely denounced on grave moral grounds. The following will explain itself:

"*Headquarters, Department of South Carolina,*
CHARLESTON, S. C., March 1, 1866.

"In order to check and gradually diminish the amount of venereal disease now so prevalent among the troops in this city and immediate vicinity, and which is telling upon their effective strength, it has become necessary to adopt the most stringent sanitary measures to control this evil, so far as can possibly be done by regulation.

"The vice of prostitution is not to be considered as licensed or connived at, but its practice and consequences are to be limited and circumscribed to the smallest possible confines.

"The following regulations in regard to this matter, will be at once established:

"A competent Medical officer will be designated to attend to the following duties:

"1st. To register all houses of ill-fame in the city.

"2d. To enter in his record the exact location of such houses, the names of the keeper thereof, and the number of the inmates.

"3d. To establish a careful and minute inspection of each female inmate every three days, and to furnish no certificate of freedom from communicable disease, excepting to such as are absolutely free from such disease: this certificate must always be ready for presentation when called for.

"These are the duties of the Inspecting officer; but, to carry out perfectly the design intended by this system of inspection, it is also ordered that should any person contract venereal disease in a house regularly inspected, the keeper, or recognized manager of such house, will be liable to a fine of $100.00, to be collected by the Provost Marshal.

"The license to be paid monthly in advance by the keeper of a house of ill fame will be $50.00.

"The fee to be paid by the inmates for the medical examination will be $2.00.

"And the fund so accruing will be accurately accounted for, and expended for the benefit of the Military Hospitals, and for such sanitary purposes as shall be designated by the Medical Director of the Department.

"*By Command of Major-General* Sickles.
A. K. Smith,
Surgeon and Bvt. Lt.-Col. U. S. A.,
Medical Director."

Of course, the period during which the above order has been in force, is probably not long enough to allow the collection of sufficiently numerous statistics to determine its results regarding the diminution of venereal disease in Charlestion. But in due time our readers may expect the publication in the Reporter of interesting data on this point. The subject is one of great interest and importance.

We believe the Metropolitan Board of Health of New York have full power, according to the statute, to enforce inspections and sanitary supervision of houses of ill-fame, and to them the question of establishing such measures recurs with great force.

THE NEW ORLEANS MEDICAL RECORD AND QUACK MEDICINES.

We have received the first two numbers of the "*New Orleans Medical Record*," a new semi-monthly journal of the medical sciences, edited by Drs. Bennet Dowler and S. R. Chambers, the latter gentleman forming, with a "Co.," the title of the proprietary firm.

We would extend to the *Record* a glad and hearty welcome, which it fully deserves, to judge from the first two numbers, regarding their contents, their style and spirit, were it not for an "unholy alliance" of the *Record*, in its advertising department, with bare-faced shameless quackery.

Thus:

"Special notice. — Important to Ladies. — Mrs. ———'s *mystic pills* are prepared only for a legitimate purpose, and are the only safe and effective medicine for all those painful and dangerous disorders to which the female constitution is subject, etc. etc."

Again:

"*Similia similibus curantur.* ———'s *Homœopathic Specifics.*—No. 1 cures *fevers*, congestion, inflammation; No. 2, *worms*, worm fever, worm colic; No. 3, *crying colic*, or teething of infants; No. 4, *diarrhœa*, of children or adults, etc. etc. etc."

Again:

"———'s *Pectoral Balsamic Syrup*, etc., in colds, coughs, asthma, bronchitis, inflammation of the throat, stomach, or bowels, spitting of blood, whooping cough, etc. etc."

The profession of New Orleans, we hope, will hold the editors, one of whom gives his name to the proprietary firm, *responsible for thus openly countenancing and advocating quackery* in their journal. Ordinary "newspaper morality," which admits everything into advertisement columns, will not hold good in the Medical Press. The *Record* must at once expunge these and all similar advertisements, and its editors must apologize to the profession for the insult offered, or take the consequences of a most flagrant violation of professional decency and the code of ethics.

Notes and Comments.

Medical Society of the State of Pennsylvania.

The meeting of the above Society, held in Wilkesbarre, last week, was well attended, and, we learn, was in all respects a successful meeting.

A full report of the proceedings will be published in our columns next week.

Another Death from Chloroform,

is reported in the Bloomington (Ill.) *Pantagraph*, of June 1st. It says:

"Saturday forenoon, a very estimable young lady, Miss Margaret Hughes, aged 21 years, died from the effects of inhaling chloroform administered by Dr. C. R. Parke. Dr. Lee Allin gave her chloroform last Wednesday, and extracted six or eight teeth, no disagreeable effects having been noticed. On Thursday and Friday, she taught school, and Saturday forenoon, at her urgent request, Dr. Parke went with her to Dr. Allin's office, and administered the chloroform. The total quantity used was less than the average amount required in such cases. At first, but a small quantity was given, and two or three teeth or fangs were taken out, causing a little pain. A little more was then carefully given, and before Dr. A. had finished, the patient fainted. Al-

though everything was done, a galvanic battery tried, etc, she never roused, but quietly and easily sank to her rest."

Medical and Surgical History of the War.

The *Army and Navy Journal* says:

"We surely hope every encouragement, in the way of necessary appropriations, will be given to the Medical Department, to enable it to complete the proposed medical and surgical history of the war. The 'Circular No. 6,' already given out, shows the purpose and scope of what is intended, and lays out a work which promises to be the most thorough and scientific attempt to classify and make of practical use the special facts of the war, which has yet been planned. Great credit is due to our Medical Department for the patience and system which have rendered it possible to compile such a work.

"The history will not only record the triumphs of American surgery, but will always remain as one of the most valuable additions ever made to the literature of the remedial art and to the science of the statistician. The Circular seems to have received more attention abroad than it has at home; for the mass of our people are more intent on securing the fruits of the newly conquered peace than in gathering the statistics and studying the special facts of the war that is past.

"Surgeon-General BARNES cannot fail to read with pride the commendations which his plan has received from the leading medical officers of the European armies. They all await with interest, the commencement of a work which promises to give so much that is valuable for study and reference."

ERRATUM.—In Dr. BANNING'S article in last number, on Uterine displacements, p. 466, first column, fifteenth line from bottom, omit the words, "about two inches," so that it will read, "my fingers passed behind, and about two inches above," etc.

Blot on Coffee.

Professor BLOT, in one of his recent lectures at Boston treated of making coffee. He said the best mixture of coffee would be in these porportions; one pound of Java, two ounces of Mocha, two ounces of Rio and two of Martinique. Roasted coffee must be kept in a tin box and ground freshly every day. It is extremely difficult to find good coffee, and it really seems as if merchants conspired to make it as bad as possible. Mons. Blot gave a few of the secrets of the trade, such as watering the coffee while roasting, that it may not lose weight, as it diminishes about sixteen per cent during this operation. Useful hints in regard to selecting and roasting were given. Coffee must never boil; by so doing it does not gain in strength, but loses the delicate aroma. The professor used four tablespoonfuls of Java, and one of Mocha to a quart of water. The water was boiled, and the coffee was moistened with the boiling water; at the second boiling of the water it was again poured upon the coffee; it was allowed to settle a few moments, and it was done. The result was a liquid as clear as spring water. Rye coffee must seldom be employed. When coffee cannot be obtained a very good substitute can be found in wheat; pound and roast and prepare like coffee.

Correspondence.

DOMESTIC.

Cholera and Quarantine.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the REPORTER of June 9th, Dr. SAYRE, of New York, says, "Dr. SNOW, of Providence, still insists in placing false assertions before the public as facts."

His grounds for this serious accusation are:

First. The statement in relation to the epidemic at Ward's Island, last fall. Dr. SAYRE insisted and still insists that the disease was not Asiatic cholera.

In an official report to the Board of Health, on Wednesday, April 25th, 1866, Drs. JAMES CRANE, JOHN O. STONE, and WILLARD PARKER, a committee of the Board, say:

"The opinion of your Committee is that the symptoms in the cases reported were characteristic and pathognomonic of epidemic Asiatic cholera."

In the same report, Dr. FORD, the Physician-in-Chief of the Hospital, is quoted as saying:

"It was my opinion, at the time, that these cases were Asiatic cholera. I so reported to the Commissioners of Emigration. It is my opinion still, and their history corresponds with my observations in all past epidemics of this disease which I have witnessed. This fact I particularly noticed, these patients had had no communication with the *Atalanta*, or cholera-patients then at quarantine."

In the same report, also, the committee quote from the "death book" of the Hospital, showing that the symptoms were those of cholera, and many of them were recorded as dying from cholera.

Such is the evidence. The profession must judge on which side the weight of evidence rests. Certainly there is sufficient proof that the disease was cholera to justify me in quoting it, and to relieve me from the accusation of "placing false assertions before the public as facts."

Second. Dr. SAYRE quotes my statement, that there had been "two cases of genuine Asiatic cholera" in New York recently, and calls it *fiction*. He quotes Dr. STEPHEN SMITH as authority that they were not Asiatic cholera.

My answer is, what is known to the whole country, that they were officially reported to the Board of Health as cases of Asiatic cholera, and the phrase, "two cases of genuine Asiatic cholera," were the words of Dr. HARRIS himself, which I have before me at this moment.

Within the past week, four or five new cases of "genuine Asiatic cholera" have been officially

reported in New York city, which had no possible connection with each other, nor with any imported cases. This is "*another fact*," proving that Asiatic cholera may originate in this country. Is Dr. Sayre ready to call it fiction?

I have given my authority for the statements I made, which Dr. Sayre says are false. Let the profession judge!

Let us look at one of Dr. Sayre's statements. He says:

"As Congress has seen fit to follow the advice of these protestants, and have passed a bill, establishing a uniform system of quarantine, it would also seem that the opinion of this distinguished body is also radically different from that of Dr. Snow."

Does Dr. Sayre think that physicians never read the papers? Congress has passed no such bill, nor anything like it. No uniform quarantine has been established, nor has any authority been given to establish any. In fact, no *bill* has been passed upon the subject.

A joint *resolution* has been passed, which I have received *officially*, and which now lies before me. It reads as follows:

"Be it resolved by the Senate, etc., That the Secretary of the Treasury be, and he hereby is authorized to make and carry into effect such orders and regulations of quarantine, as, *in his opinion*, may be deemed necessary and proper, *in aid of State and municipal authorities*, to guard against the introduction of cholera," etc.

The whole resolution has been given in the Reporter.

The Secretary of the Treasury, in his instructions to Collectors of Customs, says:

"You will, without delay, place yourselves in communication with your respective State and municipal authorities, and aid them, so far as the force under your control will permit, in executing such quarantine and health-laws and regulations *as may be established by them*, to prevent the introduction of cholera into the ports of the United States." etc.

That is a very different thing from "establishing a uniform system of quarantine." It, in fact, amounts to nothing, so far as relates to any change in the system of quarantine previously existing. I have reason to believe that this was the intention of many of those who consented to its passage.

It may be used, and probably will be, to increase and enforce the restrictions which have so long disgraced the quarantines of some of our ports; it may be used, and *we hope it will be*, to provide better accommodations for and to alleviate the sufferings of the thousands of innocent healthy persons, who are confined, without any good reason, at the quarantines of the same ports.

Edwin M. Snow, M. D.

Providence, June 12, 1866.

Medical and Surgical Society of Montgomery, Alabama.

Editor Medical and Surgical Reporter:

During a recent visit to Montgomery, the capital of Alabama, I had the gratification of meeting the members of this Society, and of spending, by invitation, a delightful evening at their elegant hall on Market street. The Society was organized in November, 1865, and is in an eminently flourishing condition; its meetings are well attended, and the discussions are generally animated, interesting, and instructive. The library comprises upward of five hundred volumes. The officers are:

Dr. W. O. Baldwin, *President.*
" J. F. Johnston, 1*st Vice-President.*
" T. R. Hill, 2*d Vice-President.*
" R. Frazer Michel, *Corresponding Sec'y.*
" Samuel E. Norton, *Recording Secretary.*
" A. A. Wilson, *Treasurer.*
" J. Godwin Scott, *Librarian.*

The Society has from thirty to forty members, comprising nearly all the regular physicians of the city. The honorary members are Professor S. H. Dickson, of Philadelphia, Professor J. C. Nott, of Mobile, and Dr. Nathan Bozeman, of New York, formerly, for a number of years, a resident of Montgomery, which has just reason to be proud of him, both as a man of high moral character and as an accomplished physician and surgeon.

The President of the Society, Dr. Baldwin, is now, I believe, the oldest practising physician in the city, although he is still comparatively a young man. He lives in elegant style, and is a general favorite with his confréres. Among the many able and accomplished medical gentlemen with whom it was my good fortune to spend two of the five evenings of my brief sojourn at Montgomery, it would be invidious to draw any distinction; but I cannot avoid alluding here to the great pleasure it afforded me to meet with my old warm-hearted and genial friend, Dr. R. Frazer Michel, whose acquaintance I had made a number of years ago, soon after my removal to this city. Like most of the other physicians of the South, he had passed through the "fiery furnace," but had lost none of the kindly feelings of his nature, or any of his affection for his Northern friends. "How did you leave Dickson, Meigs, Dunglison, Hodge, Pancoast, Wallace, Carson, Leidy," not to mention many others, were questions asked in one breath, with an expression of satisfaction of no ordinary kind, when he was told "they were well." His love and admiration for some of these men, several of whom were his

early teachers, was as cordial as it was unaffected. Dr. Michel, after having been for many years a resident of Charleston, South Carolina, where he annually delivered lectures on anatomy to large private classes, is now settled at Montgomery, having been stationed there, during the latter period of the war, as a conscript-surgeon. One's only regret is that he has not a more extended field for the exercise of his talents and usefulness.

Dr. W. J. Holt is well known to the intelligent portion of the profession of this country, in connection with the Crimean War. When the war broke out, he was quietly pursuing his professional studies at Paris, but immediately offered his services to the Russian Government, and acted with great credit as surgeon until the establishment of peace.

Among the other members of the profession in Montgomery, with whom I was brought into more immediate contact, in furtherance of the object of my visit, I must not omit to mention, with respect and regard, Norton, Jackson, Gaston, Steedman, and Weatherly, gentlemen of talent, position, and scientific attainments. If I do not mention others, it is either because the list is too large, or because I do not recollect their names. In short, I may conscientiously declare that it has never been my lot to meet with a body of more clever, genial, or intelligent physicians; and, although my intercourse with them was necessarily brief, I shall always remember with pride and gratification the happy hours spent in their society. My only regret was that it was not in my power to prolong my visit.

I have been induced to write this brief notice of the medical profession of Montgomery, not merely because of the kindness and hospitality so courteously extended to me personally, but because their conduct may be regarded as an evidence of good feeling toward our Northern brethren generally. There can be no "gulf" between men engaged in the same noble pursuit; medical science knows no sectional feeling, no East or West, North or South. Wherever the sun sheds its beneficent rays, there a noble brotherhood exists, acknowledging but one country, one humanity, one God.

The fee-bill of the Medical and Surgical Society of Montgomery is worthy of notice. I shall give only a few of the principal items. The ordinary visit in the city is $4; at night, before 10 o'clock, $5; after that hour, $15; consultations, $20; office prescriptions, $2 to $5; natural labor, in the day, $40; at night, $50; difficult or protracted labor, $50 to $100; instrumental labor, $100 to $300. Setting fractures, from $15 to $80; reduction of dislocation of the shoulder, elbow, or knee, $20 to $50; of the hip, $50 to $100; amputation of the leg, $75 to $100, of the thigh, $100 to $200; lithotomy or lithotripsy, $150 to $500; trephining, $75 to $150; cataract, $50 to $100; hare-lip, $25 to $75; paracentesis, $25 to $100; gonorrhœa, $20 to $50; syphilis, $30 to $100. Medical bills are due as soon as the services are rendered, and members are advised to present them monthly.

The city of Montgomery is situated on the Alabama river, in the heart of a magnificent country, noted for the fertility of its soil, its extensive plantations, and the beauty of its scenery. The city itself has many elegant residences, the abode of wealth and refinement, and is laid out upon a scale of real grandeur, with spacious streets, lined with beautiful shade trees, among which the most prominent is the water oak, an evergreen of medium height, well proportioned and admirably adapted to the purpose, with a delicate lanceolate leaf of the greenest verdure. Everywhere the eye is greeted with shrubbery and roses, scenting the air and ravishing the senses by their beauty and variety. The cloth-of-gold and the Lamarque grow in the open air, and attain an immense size, blooming in great profusion. The petrosporum, pomegranate, and oleander are also hardy here, and attain a height altogether unknown in the colder regions of the North. Mocking-birds exist in great numbers, and regale the visitor the whole night through with their noisy and mirthful song. The Capitol of Alabama, where Jefferson Davis, at the opening of the war, took the oath of allegiance to the Confederacy, and where the first Confederate Congress met, stands upon a gentle eminence at the head of Market street, and is a neat, elegant structure, of fine architectural proportions, commanding, from its lofty dome, a beautiful view of the city, of the Alabama river, and of the country for many miles around.

After inspecting the Capitol, I had the pleasure of an introduction to his Excellency, Governor Patton, a gentlemanly, refined, and intelligent personage, only recently inducted into office. He received me with courtly affability, and, in the course of conversation, supplied me with statistics in regard to the part played by Alabama in the late war, of so interesting a nature that I cannot forbear to mention them. They are sad and heart-rending. Upon inquiry, "How many men the State had furnished to the war?" he replied, 80,000, of whom 30,000 perished from injury and disease; upward of 10,000 are perma-

nently crippled, and there are at least 60,000 widows and orphans, with a loss of property, in men and substance, of $500,000,000! The destitution throughout the State, he added, was very great, being at least 100,000 persons, in need of food and clothing. A few days after this interview, I noticed in the public prints a letter from Gov. Patton to the head of the Freedman's Bureau in Alabama, setting forth these facts, and asking for rations to supply the immediate wants of the sufferers.

Finally, I may add that the ladies of Montgomery recently organized themselves into a society for the purpose of raising funds for the burial of the men who fell during the late war, and that, although money is not very abundant, they have already procured $5000 toward that object. The Secretary of the Society is the amiable and interesting wife of one of the leading physicians of the city. Whenever anything good or noble is to be accomplished, woman is sure to lend a helping hand. G.

Philadelphia, June 9th, 1866.

News and Miscellany.

Post Mortem Examination of the Body of Antoine Probst the Murderer.

After the execution of Probst for the murder of the Deering family, at the County Prison in this city on the 8th inst., the body was handed over to the medical profession for purposes of scientific investigation, and removed to the Jefferson Medical College, where the examination of the body was conducted on the afternoon of the 9th inst., by Dr. Wm. H. Pancoast, Demonstrator of Anatomy in the institution, assisted by the members of his anatomical staff, Drs. Jas. Taylor, E. R. Hutchins and F. H. Andrews.

The following account was prepared by Drs. Hutchins and Taylor for the daily papers of this city:

The body was brought in and set on a chair, and first by aid of a lamp, and then by the electric spark, the eye was examined by Drs. Dyer and Pancoast with the ophthalmoscope, for the sake of testing the popular doctrine now prevalent, respecting the impression of the image of the last object seen during life remaining on the retina. The result of these experiments went to completely dispel this doctrine. The structures of the eye where then examined, and it was found that the only injury sustained by the eye, was rupture of the capsule of the lens, caused by the fall. The pupil did not contract under the influence of the galvanic battery.

The battery which was used was more powerful than was ever before experimented with on such an occasion.

The poles of this powerful battery, the superb action of which, Professor Rand personally superintended, were now applied to various muscles of the face, and each and every one responded to the current, as the keys of a musical instrument to the finger, the operators thus producing every expression of the face,—of laughter, scorn, astonishment, etc. The arm was made to move to and fro, under the influence of the electric current, and the lower extremities also. The Medical Commission continued their experiments, the muscular irritability, under the influence of the electric currents, remaining for two hours.

Dr. Pancoast then referred to the amount of pain inflicted by hanging, citing several instances of persons who had been resuscitated after having been hanged until they were apparently dead,—in each case the statement made was that no pain, whatever was experienced in the hanging.

The lecturer then adverted to an interesting point of medico-legal discussion, as to whether or not, independent of the testimony of witnesses present, and other external signs, there would be found, on examination, such internal evidences as would prove conclusively that a person came to his death by hanging. A dissection was made of the region of the neck, in order to ascertain the amount of injury inflicted by the cord on the subjacent parts. The furrow made by the cord was distinctly marked, embracing the entire neck, excepting the space of an inch under the left ear, over which the knot had been placed. The areolar tissue in the track of the furrow was found dry and compressed. The jugular veins of both sides were found distended with blood; the carotid arteries were empty.

When the incision was made in the cervical region, the sterno cleido mastoid muscle of the right side bulged into the wound made by the knife, revealing a rupture of the lower portion of the muscle. On examination of the hyoid bone, to which the tongue is attached, it was found fractured on both sides. No injury was sustained by the cartilages of the larynx and trachea. There was no dislocation or fracture of the vertebræ of the neck; the odontoid process of the axis vertebra was intact, neither the transverse nor check ligaments having been ruptured.

On dissecting off the scalp, the vessels supplying it were found much congested, but on the subsequent removal of the calvaria, the membranes covering the brain presented no other than ordinary post mortem appearances. Strange to say, on examination of the proper substance of the brain, there was no congestion apparent, and on making a section to expose the ventricles, no fluid was found present in those cavities. The brain was found to be below the average weight, weighing but two pounds and four ounces avoirdupois.

On opening the cavity of the chest, the lungs presented no other appearance than what might be expected from ordinary post-mortem alterations. On cutting open the pericardium and removing the heart, that organ was found entirely empty, the right as well as the left side going to

show that death was not due to apnœa, which is contrary to what might be expected in examination of persons who have died by hanging. The vena cava both the ascending and descending, were also found empty.

On cutting off the vessels close to their origin, the weight of the heart was found to be nine ounces and six drachms, about the average weight of the heart.

The attention of those present was now directed to the examination of the abdomen.

It had been previously ascertained that the breakfast of the prisoner, which had been taken about two hours and a half before execution, consisted of two soft-boiled eggs, several pieces of bread and butter, and a tincupful of coffee. The stomach being opened, it was found empty, leading to an interesting disclosure — that the function of digestion was not in the least impaired by the mental anxiety to which one would suppose the person was subjected.

The liver was found to be in a normal condition, weighing 3 lbs, 3½ oz. The spleen was very much enlarged, distended with blood, thus perhaps showing that the congestion of the other viscera of the body was relieved by the afflux of blood to this organ; weight of spleen, ten ounces and five drachms.

The kidneys were next examined; these were found to be also much congested. There was found to be considerable difference in the comparative weight of the two kidneys. Weight of right kidney, five ounces, three drachms, and two scruples; weight of left kidney, six ounces, two drachms, and two scruples.

The condition of the bladder was found healthy, not distended, containing only about three ounces of urine.

Dr. Pancoast, in lecturing to the audience, gave it as his opinion that the individual before him perished simply from shock inflicted on the nervous system, caused by the tension and pressure to which the pneumogastric and phrenic nerves (nerves essential to the function of respiration) were subjected, no injury having been inflicted on the spinal cord, which opinion was substantiated by other distinguished medical gentlemen present. The experiment of Sir Benjamin Brodie was referred to, which was that of tying a cord tightly around the neck of a guinea pig, behind the windpipe, thus not interfering with respiration. After allowing the cord to remain for a short time, it was removed, the guinea pig allowed to run around as before, but the next morning it was found dead, having perished from the injury sustained by its nervous system.

The lecture having now continued for one hour and three quarters, the lecturer completed a thorough examination of the body, called the attention of the profession to witness that here was a man who had died by hanging, yet having no evidence of such, excepting the statement of trustworthy and respectable eye-witnesses, and other external signs, as the furrow made by the rope, yet the other internal evidence, which might be expected in such a case, being absent, there being no fracture or dislocation of the neck, no rupture or other injury of the spinal cord, no injury inflicted on the windpipe, but simply a rupture of the sterno-cleido-mastoid muscle, and fracture of the hyoid bone; thus making a most valuable point with reference to medico-legal discussion.

Calomel in Cholera.

In a lecture on the "*Treatment of Cholera*," delivered at the Royal Victoria Hospital, Netley, and published in the *Lancet*, Deputy-Inspector, General Maclean, M. D., has the following remarks on the calomel treatment of cholera:

Calomel has been used to fulfil every indication in turn, according to the peculiar belief of the prescriber. Some give it as a purgative, others as a sedative, not a few "to stimulate the secretions." I have seen it given as a cure for vomiting. Then we have a pretty numerous class who give it for no reason in particular. Calomel is the trump-card in their hands; so, like good whist-players, "when in doubt," as men are apt to be in dealing with cholera, they "play trumps"—they give calomel. I have seen it given in every conceivable way, and for every possible or impossible end: in grain doses every hour, or half hour, and by heroic practitioners, in scruple doses again and again. Calomel is of no use during the stage of collapse; but by-and-by, when the powers of life begin to revive again after the shock is over, the first thing the system has to deal with and to dispose of, is twenty or thirty grains of calomel. What results? Very often vomiting of that "green paint-looking matter," of which I spoke, appears, and you know how hard it is to stop that; or bilious diarrhœa is excited, which soon brings the case to an end. At the best, it disturbs the stomach, and interferes with nutrition. At such a time nature needs the helping hand of the physician, to sustain and assist her in the life-and-death struggle, instead of being searched and goaded by powerful drugs, prescribed no matter with what intention. Called to see a case of cholera a few months ago, I found calomel, in combination with opium, being "poured in" every hour. I ventured respectfully to ask the reason why; the patient being in a state of collapse, the medicine was accumulating in the stomach like water behind a barrier. "What," I asked, "do you expect will be the action of all this calomel when the barrier gives way, when the functions begin to be restored?" The prescriber was not very sure, thought perhaps it might have "a cholagogue action—stimulate the bile." I might have asked, Is it not conceivable that nature will do this herself? And why not stimulate the kidneys as well? Why concentrate all your attention on the bile? Is the biliary more in abeyance than any other secretion? and so on. I do not think these are impertinent questions. I recommend you to put them to yourselves, when you are tempted in moments of doubt to prescribe, as D'Alembert said we sometimes do—using physic as a strong but blind man uses a club in a crowd, hitting friend and foe with equal impartiality.

A Word for Doctors.

Doctors may be thin-skinned—they may be suspicious—they may be envious—they may be quarrelsome, but it would be hard to find one who, in the course of his life, does not perform more than his pro rata of unpaid service to humanity. The world knows nothing of the gratuitous labors of the profession, and it cares still less for them. Sir James Eyre called one morning on a young physician of London, a friend of his just commencing business, and saw his waiting room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer, "but let me tell *you* a secret. This morning I have seen eight patients. Six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Of all places of *business*, the office of the doctor is the only one where any considerable number of persons apply without money. No other class of men in the world are expected to give their time and labor at every call, without any regard to compensation. Even the minister of religion has the advantage in this respect; for when he comes at midnight to "shrive the dying," his service is within the purview of a contract, and he knows that his bread is made sure, though it may not always be buttered. The world can never know what doctors do for humanity. These labors mainly belong to the secrets of the profession. In every community and under the professional and friendly supervision of every practioner, there are families in straitened circumstances, not recognized in society as poor, who are scrupulously correct in their dealings, who pay for every purchase, but whose means are barely sufficient for their support. And where is the physician who would demand a fee from such a family? or who would for a moment think of the want of compensation in prospect, when summoned to their aid? In the Biography of Thomas Hood, by S. C. Hall, where we find the anecdote above related, the author remarks: "I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labors without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of 'fees.'" When the writer resided in Philadelphia, he was accustomed to visit the patients of the late Dr. John Wilson Moore, during the sickness or absence of the latter. On one occasion, Dr. M. in handing him the list, designated a certain family as the object of especial attention. Expecting to encounter a wealthy patron of the doctor's, what was his surprise to find instead, a humble and poverty-stricken household. In conversing on the matter afterwards, Dr. M. remarked: "I have attended that family gratuitously ever since I began practice nearly forty years ago. I have always considered them among my best friends." Not less than four or five thousand dollars, as professional services are estimated, cheerfully bestowed on a single family! And yet this was but one case among many. And what physician but has had the like experience? Such labors are not accounted burthensome, when they are duly acknowledged. If the sick have no money to give their doctor, his willing services can always be commanded by a reasonable exhibition of gratitude or civility. Unfortunately, by far the larger portion of the free list refuse to pay even in this currency. Hoping for a life of rewards after this, we will let them off forgivingly. But what shall we say of those who have the means and pay grudgingly, or not at all, if they can escape? who always find your bill "steep?" who always insist on an abatement, no matter what the figure? nay, who cheat you out of everything, even when you have consented to an abatement? Is there anything in life which developes the meanness of the human character so fully as the settlement with the doctor? When you have snatched a man from the jaws of death, and he hands you over a pennyweight of gold with an effort that breaks his heart-strings, does he not say, "you have charged me more than my life is worth?" Human nature has not changed since Martial or some one else wrote the piquant epigram, originally in Latin:

> "Three faces wears the Doctor: when first sought
> An Angel's—and a God's the cure half wrought.
> But when, that cure complete, he seeks his fee,
> The Devil looks less terrible than he."

—*Pacific Med. and Surg. Journal.*

The Insane in France.

Interesting Statements Concerning Causes of Insanity.

The Paris *Moniteur* has published a valuable series of statistics relating to the French lunatic asylums and their occupants. At the end of 1860 there were 99 asylums in France, of which 57 were public and 42 private. The number of occupants has gradually increased since 1835, when it amounted to 10,539. In 1840 it had risen to 13,283; in 1845 it was 17,089; in 1850, 20,061; in 1855, 24,896; in 1860; 28,761; and in 1861, 30,239. In the last-mentioned year 26,450 of the patients were insane, 3746 were idiots, and 45 were afflicted with cretinism.

During the six years between 1856 and 1861 51.9 per cent. of the insane were women and 48.1 men. Compared with the population, we find that one out of every 915 men and 1 out of every 839 women is insane; as regards idiocy, there is 1 idiot for every 796 men, and 1 for every 1034 women. (?) Of the 38,988 patients admitted from 1856 to 1860, there are 8250 for whom no particulars could be furnished; and excluding the idiots and the cretins, as also those cases of insanity which were clearly hereditary, the report gives the details of the remaining 26,223 cases. Of these 15,866 may be attributed to physical, and 10,357 to moral causes. Under the first head the cases are classed as follows:—Old age, 2098; misery and destitution, 1008; onanism and venereal excesses, 1026; drinking, 3455; congenital vice, 474; diseases peculiar to women, 1592; epilepsy, 1498; other diseases of the nervous system, 1136; wounds and injuries, 398; various diseases, 2017; other physical causes, 1164.

The moral causes are subdivided as follows:—Overwork, 358; domestic troubles, 2549; loss of fortune, 851; loss of friends, 803; disappointed ambition, 520; remorse, 102; anger, 123; joy, 31; insulted modesty, 60; love, 767; jealousy, 456;

pride, 363; political events, 123; sudden transition from an active to a passive life, and *vice versa*, 82; isolation and solitude, 115; imprisonment, 113; solitary confinement, 26; home sickness, 78; religion, 1095; other causes, 1728. It will be noticed that nearly one-eighth of the cases of insanity are due to drunkenness, and about one-tenth to domestic troubles, whilst excessive mental labor, which is generally supposed to be a fruitful source of insanity, only caused 358 cases out of 26,223.

It would, perhaps be unfair to attempt to draw a comparison between the characters of nations from the number of persons who become insane on a particular point, but we think that statistics of this kind may to some extent, be used in this way. The number of cures effected amounted to 8.24 per cent., the larger proportion being men. Of the 13,687 who were cured, details can only be given of 9789; of these 5253 had become insane from physical causes, and 4536 from moral causes. The average annual cost of the asylums from 1856 to 1860 amounted to 8,000,000 francs.

Alcohol and Tobacco.

The French physicians are running a furious tilt against tobacco, proving by rigid statistics that insanity and various affections especially dependent upon the nervous system, increase in proportion to the consumption of the weed. Meanwhile the English, and not a few American physicians, are recklessly carrying alcohol in the opposite direction, and reinstating it in the position of a universal preservative of health and remedy for disease, which it gained centuries ago as "*aqua vitæ.*" We say they *are* doing so;—rather let us say, *have been*—for some are already on the back track, and we find in our medical journals, both domestic and foreign, proofs that the profession begin to regard with suspicion and alarm the universal alcoholic medication of the past decade. In ten years more we shall probably have a Saxon crusade against alcohol, similar to that against tobacco which is now popular in France. The wheel which formerly required a hundred years to turn, now turns in twenty. And we hope to see some of our prominent leaders, particularly in Great Britain, opening their eyes to the weighty truth that they have sown the germs of a ghastly crop, when, under the authority of medical science, they restored intoxicating beverages to their fatal supremacy in social and domestic life.—*Pacific Med. and Surg. Journal.*

Pension Examining Surgeons.

Illinois.—Dr. H. C. McPherson, of Beardstown; Carl Richmond, of Bath; David Solonberger, of Havana.

—— In accordance with instructions from the War Department, stringent quarantine regulations have been established for the ports of Savannah, Brunswick, and Darien, Ga.

Army and Navy News.

ARMY.

A Board to consist of Brevet Lieut.-Col. A. N. McLaren, Surgeon U. S. Army; Brevet Lieut.-Col. J. F. Head, Surgeon U. S. Army; and Brevet Major E. J. Marsh, Assistant Surgeon, U. S. Army, assembled at West Point, New York, on the 15th inst., to examine into the physical qualifications of the members of the graduating class. On the completion of this duty, a report of the proceedings of the Board will be made to the War Department, and a special report in the case of any individual thought to be wanting in the ability requisite for the military service. The same Board will continue in session until it has examined into the physical condition of all newly appointed cadets who may present themselves, and will report their proceedings to the War Department. The junior member will act as Recorder of the Board.

Assigned.—Surgeon John E. Summers, U. S. A., to duty as Medical Director, Department of the Cumberland; Brevet Col. Ebenezer Swift, Surgeon, U. S. A., relieved from duty at Louisville, Ky., and assigned to duty as Post Surgeon at Jefferson Barracks, St. Louis, Mo., to report by letter to the Medical Director, Department of Missouri; Brevet Col. D. L. Magruder, Surgeon, U. S. A., relieved from duty as Medical Director, Department of the Platte, and await orders at St. Louis; Brevet Col. R. H. Alexander, U. S. A., relieved from duty in the Department of the Missouri, to report in person to the commanding general department of the Platte, for duty as Medical Director of that Department; Assistant Surgeon Henry McElderry, U. S. A., recently appointed, to temporary duty at Newport Barracks, Ky.; Assistant Surgeon W. Chester Minor, U.S.A., recently appointed, to temporary duty at Fort Columbus, New York Harbor; Brevet Lieut.-Col. J. F. Randolph, Surgeon, U. S. A., released from duty in Department of Missouri, and ordered to report in person to the Surgeon-General, as soon as the Marine General Hospital, of which he is now in charge, is finally closed; Assistant Surgeon George A. Otis, U. S. A., recently appointed, to duty in the office of the Surgeon-General; Assistant Surgeons C. H. Rowe, and C. C. Dunwicher, U. S. A., recently appointed, to duty in the Department of Texas, with the 17th U. S. Infantry.

Miscellaneous.—Assistant Surgeon Benjamin Tappin, United States Volunteers, was murdered on March 22d last, near Cottonwood Springs, Nevada Territory, by the Indians.

NAVY.

Ordered.—Surgeon S. J. Jones, U. S. N., to duty at the Marine Rendezvous, Chicago, Ill.

Detached.—Acting Passed Assistant Surgeon George B. Todd, from steamer *South Carolina*, and on waiting orders; Surgeon E. R. Denby, U. S. N., from U. S. school-ship *Sabine*, and on waiting orders; the order detaching Surgeon B. F. Gibbs from school-ship *Sabine* is revoked.

MARRIED.

Bacon—Weaver.—June 13, by the Rev. Dr. George W. Bacon, Richard S. Bacon, M. D., and Emily Olivia, daughter of the late Joseph Weaver of New York.

Bacon—Woolsey.—June 7, by the Rev. Dr. Leonard Bacon, of New Haven, assisted by the Rev. Dr. Prentiss, of New York, and the Rev. President Woolsey, of Yale College, Dr. Francis Bacon, of New Haven, and Georgianna Muirson, daughter of the late Charles W. Woolsey of New York.

Bell—Tinker.—At Hartford, Conn., on Tuesday, June 5, by the Rev. G. Spalding, Dr. William O. Bell, of Westfield, Mass., and Sarah M. Tinker of the former place.

Bunting—Hart.—On the 2d inst., by Rev. James G. Shinn, Ross R. Bunting, M. D., of Roxboro', Philadelphia, and Belle, daughter of the late James H. Hart, of Philadelphia.

Cooper—Kennedy.—June 7, 1866, at St. John's Church, Hagerstown, Md., by the Rev Henry Edwards, Dr. Lehman A. Cooper, of Baltimore, and Miss Nannie H. Kennedy, of Hagerstown.

Cressinger—Kellogg.—May 26th, by Rev. J. L. Lower, Dr. D. B. Cressinger and Miss E. A. Kellogg, both of Upper Sandusky, Ohio.

Eichelberger—Richstein.—On the 24th of April, by the Rev. J. W. H. Williams, Dr. G. S. Eichelberger, of Catonsville, Md., and Miss Lizzie Richstein, of Baltimore.

Howes—Sabin.—In Rochester, N. Y., on the 7th inst., by Rev. Alfred Yeomans, James Howes and Hannah, youngest daughter of Dr. E. W. Sabin, all of Rochester.

Johnson—Matteson.—In Paris, France, recently, Dr. William E. Johnson, and Miss Bertha Matteson, of Chicago. Dr. Johnson is the Paris correspondent of the New York *Times*, under the pseudonym of "Manhattan," but better known in France for his abilities as a physician.

Morris—Claude.—On the 31st of May, 1866, at St. Anne's Church, Annapolis, Md., by Chaplain Smith, U. S. N., Dr. John Morris, of Ohio, and Miss Sue C. Claude, of Baltimore.

DIED.

Bartlett.—At the residence of her son, near Deer Park, L. I., on Friday, June 8, Martha, widow of the late Dr. John S. Bartlett, of New York, aged 71 years.

Fox.—At Castine, Me., on the 26th ult., at the residence of her father, Dr. R. H. Bridgham, Mrs. C. Josephine, wife of Edward W. Fox, of Boston, aged 32 years and 3 months.

Janney.—In this city, on Tuesday, the 12th inst., Mrs. Lydia O., widow of the late Dr. Benjamin S. Janney, in the 69th year of her age.

Rogers.—At Shawlands, near Glasgow, Scotland, May 29, 1866, Henry Darwin Rogers, Professor of Natural History in the University of Glasgow, formerly of Philadelphia.

Shepard.—In Brooklyn, on Thursday afternoon, June 14, Mary E., wife of Charles H. Shepard, M. D., aged 37 years.

Southmayd.—At Middletown, Conn., on Sunday, June 10, Sarah E., wife of Samuel Gray Southmayd, M. D., of New York.

OBITUARY.

Prof. Henry Darwin Rogers.

On the 29th ult. Prof. H. D. Rogers, the famous geologist, died at his residence, near Glasgow, Scotland, in the 57th year of his age. At the time of his death, and for several years previous, he had held the post of Regius Professor of Natural History in the University of Glasgow, and he had sustained the position with great credit. He was a native of this city, and will be remembered here mainly by his great work on "The Geology of Pennsylvania," on which he was engaged during the most active years of his life. This work is recognized as one of great thoroughness and originality, and ranks, in practical value, with the labors of the ablest geologists of this era. Among Prof. Rogers's other works, are many very important papers contributed to the "Transactions" of the American Philosophical Society, the Boston Society of Natural History, the British Association of Science, the Philadelphia Academy of Natural Sciences, etc. His geological survey of the State of New Jersey is a standard work, and many of his maps and charts are in daily use among scientific men. His death is a severe loss to the scientific world, though his health had not been good from the period when at the age of twenty-one he held the position of Professor of Chemistry and Natural Philosophy at Dickinson College, Carlisle.

Professor Rogers was a member of many learned societies, both in Europe and America, and his scientific brethren will amply honor his memory. We may add, that though representing America in a foreign university for a number of years, his patriotism was fervent, and he was able to maintain and defend the cause of the Union at all times and under all circumstances. —*Philadelphia Evening Bulletin.*

ANSWERS TO CORRESPONDENTS.

Dr. J. T., Cincinnati, Ohio.—Sent by Express, June 16, Electrotype Plate.

Dr. J. F. T., Wyanet, Ill.—Sent by mail, June 14, Winslow on Brain.

Dr. D. W. J., Kittery, Me.—Sent by mail, June 16th, Pereira's Prescription Book.

Dr. H. H R., Tyrone, Pa—Sent by Express, June 16th, one dozen Borden's Extract of Beef.

Dr. I. D., Hellam, Pa.—Sent by Express, June 16th, U. S. Dispensatory.

METEOROLOGY.

June,	4,	5,	6,	7,	8,	9,	10.
Wind	N. E.	S. E.	S. W.	W.	N. W.	E.	S. W.
Weather	Cl'dy.	Cld'y.	Clear. Shw'r.	Clear.	Clear.	Cl'dy.	Cl'dy.
Depth Rain							
Thermometer.							
Minimum	55°	62°	59°	60°	59°	54°	51°
At 8 A. M.	65	67	77	72	70	64	62
At 12 M.	70	81	82	77	77	71	65
At 3 P. M.	73	81	84	76	72	70	68
Mean	65 75	72.75	75.50	71.25	69.50	64.75	61.50
Barometer.							
At 12 M.	30.	30.	29.9	29.8	29.9	30.2	30.3

Germantown, Pa. B. J. Leedom.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 487.] PHILADELPHIA, JUNE 30, 1866. [Vol. XIV.—No. 26.

Original Department.

Communications.

CASES OF INTEREST OCCURRING AT THE GERMANTOWN (PHILA.) DISPENSARY.

By Thad. L. Leavitt, M. D.,

Attending Physician.

Peritonitis.—Abortion.

Case 1st. Mrs. A., æt. 28 years, being six months advanced in pregnancy, was attacked today, (Aug. 15th, 1865,) after having been complaining about two weeks, with vomiting, violent abdominal pains, great prostration, pulse 120 beats in the minute, feeble and compressible; in fact, all the prominent symptoms of acute peritonitis. Opium with cannabis indica was administered in frequently repeated and large doses, together with sinapisms and a blister, which relieved the patient, and the danger to life, and the product of conception seemed to have been overcome, when, upon the 19th, I was hastily summoned, to find the contents of the uterus ejected in toto, the bag of waters not rupturing; the patient being in a state of collapse, and the uterus ascertained to have contracted firmly and well, stimulants were administered freely, friction and hot applications resorted to with success, and the pulse rallying, the extruding mass was removed. The placenta was atrophied, softened, and degenerating. The fœtus was that of a seven month's male, being perfectly formed and well nourished, though the umbilical cord was not larger than a good-sized quill, being softened, and degenerating at its placental attachment. The patient remained in a critical state for several days, making a tedious, though thorough recovery; indeed, a few days ago, (May, 1866,) presenting herself at the Dispensary, being again pregnant.

The points of interest, which I desire to record are, first, the healthy and well nourished condition of the fœtus, notwithstanding the arrest and diminished supply of its vital fluid. Second, as to the cause of the peritonitis, whether the diseased placenta, acting as a centre of irritation, and lighting up, as it were, the already excited membrane, thereby inducing general peritonitis; or whether the placental trouble might not have been a sequela of the inflammatory condition which had existed alarmingly only four or five days previously, but which, however, it seems to me, would hardly have had time to affect the placenta, and on the other hand, the degeneration of the placenta must have been rapid, as the good condition of the fœtus testifies.

Neuralgia cured by Hypodermic Injections.

Case 2d. Jas. S., æt. 72 years, first presented himself at the Dispensary, the 9th of Feb., 1865, complaining of shooting pains through neck and right arm, tracking along the cutaneous and musculo-spiral nerves. The general appearance of the patient was that of hale old age. Appetite and functions in good condition, although gradually losing power in the right arm, which, during the paroxysms of pain, is completely paralyzed, or again, twitched spasmodically. A stimulating liniment of chloroform, tr. rad. aconit, and liniment. saponis, was ordered to be applied along the line of pain and at the cervical origin, also a pill of sulphate of cinchonia, ext. belladonnæ, and nux vomica, to be taken three times a day.

14th. He reported improving. Nothing more was seen of this case until the 19th of July, when he again applied for relief on account of an attack of cholera morbus, the nerve trouble having been relieved entirely by the remedies exhibited. The 27th of September, he returned with the old pains, though not nearly so severe as before, but complicated with rheumatism, which, however, the potash salts soon relieved; the 29th and 30th, reporting himself much better.

Oct. 6th. The neuralgia again returning, the same treatment was adopted as at first. Improving, the 12th. No pain of any consequence existed until the 27th, when all the morning, the patient states, violent paroxysms of severe pain attacked the right arm in exactly the old locality, continuing with varying intensity until about noon, when the left thigh was seized with a stinging pain of excruciating agony, which was readily traced along the great sciatic nerve, the arm

being entirely relieved immediately. Great numbness, blueness of skin, and low temperature, together with a loss of controlling power of the limb, it being spasmodically moved at times, characterized the principal symptoms.

Small blisters were immediately applied along the track of the nerve, and anodynes given. 28th, found him somewhat better, and the same treatment was continued, dusting the denuded surface with a half grain of acetate morphia occasionally, until the 27th of November, with no very marked improvement, the pain then occurring with violence, a hypodermic injection of one-third grain of acetate of morphia in solution was used, acting almost instantaneously in arresting the suffering. 28th. The same amount of morphia used, was thrown under the skin just over the great trochanter of the left femur, with the same satisfactory results.

30th. Same treatment, together with pills of cinchoniæ sulphat, ext. ignatiæ, belladonna, and Vallet's mass.

Dec. 1st. Again used the hypodermic injection, for the last time, the pain being entirely relieved, and no return experienced up to this time, May, 1866.

The interest of this case is referable to the sudden arrest of the nerve-pains in the right arm and neck, and their immediate occurrence on the other side of the body and at the lower extremity; also the persistence and obstinacy of the attacks, with the good results accruing from the hypodermic application.

CONGENITAL FISSURE OF THE UPPER JAW.

By Geo. B. Fundenburg, M. D.,

Of Cumberland, Md.

Some time ago, I published in the *Dental Cosmos* a notice of a new operation in congenital fissure of the jaw. As I am desirous of keeping the subject before the profession, and have obtained some additional experience in the operation, I give the details of the following case, without any further comment.

I was called, on the 20th Feb., 1866, to see a child of a citizen of this place, born with hare-lip and fissure of the jaw and palate. The child was ten days old, and the width of the fissure at the alveolar ridge was one inch. I immediately applied the isinglass adhesive plaster, cut into such shape as to cover both cheeks, and coming forward to the fissure, at which part it was doubled down upon itself to half an inch in width, and strengthened by additional strips. These two ends were then cut of proper length, a ligature passed through each, drawn together, and tied, an assistant making strong pressure upon the malar bones. The two sides of the fissure were thus gently drawn toward each other. The ligature was renewed daily, a small portion of the ends of the plaster being cut off, thus keeping up the tension constantly. If these straps had been thus applied at the birth of the child, the time required to bring the sides of the fissure into contact would have been much less, and the child would have been enabled to nurse at the breast, a matter of no small importance. In this case, the child having become accustomed to the spoon, obstinately refused the nipple.

On the 13th of March, twenty-four days from the first application of the adhesive straps, the fissure was one line apart, and as one side of the alveolar ridge projected anteriorly, *as is invariably the case*, it was evident that if the projecting part was bent backward, the two sides of the fissure would come into contact. I accordingly wrapped the jaws of a properly-shaped forceps with strips of patent lint, seized the projecting side of the jaw, and bent it down to a level with the other side. I say, "*bent*," for it cannot be broken at this age. I then pared the edges, and introduced a wire ligature through each side, about one-fourth of an inch from the edges, and drew the parts together, an assistant making strong pressure upon the malar bones. After securing the ligature properly, I re-applied the straps as before. And here let me warn those who may attempt the operation, that unless the straps are kept applied for some days after the ligature is removed, the elasticity of the cartilaginous jaw, giving it a strong tendency to resume its former position, will cause it to separate again. The wire was suffered to remain ten days, and the straps were kept applied five days longer.

The result was, as it always will be in cases treated in this manner, that the fissure in the alveolar ridge was permanently closed and the deformity very much lessened, giving the little patient a fair prospect of having a regular set of teeth, and very much facilitating the subsequent operation upon the lip.

Of course, by this operation, the fissure in the roof of the mouth and palate is not sensibly narrowed, but the benefits derived from the operation are great, and deserve the consideration of every conscientious surgeon. I am thoroughly convinced that this method is a great improvement upon the usual one of treating these quite numerous and unfortunate cases.

BRONCHASIS ALBUMINOSA:

Associated with a Diphtheritic Exudation on the inside of the Cheek.

By Sam'l Page, M. D.,

Of Jackson, California.

March 22d, 1865. A boy, about four years old, was complaining for some three days with what the parents thought was a bad cold, as he was hoarse, and could not articulate clear. The child being restless, and having some fever, I was notified, and saw him on the fourth day. At this time the patient could not speak above a whisper, and was anxious to be carried out in the open air; had desire for food; bowels closed, and urine scant—exceedingly so. Sibilant rhoncus on the right lung; pulse, 120 beats; skin but a trifle above the natural temperature; nothing unnatural about the throat. Active treatment was pursued without avail. Tart. emet. ointment and leeches were applied on the right sub. scapular region. On the sixth day the left lung became involved; the air did not permeate the right lung; had abdominal respiration; and on the seventh day death occurred from asphyxia. Some hours before his death, a papulated exudation was found on the inside of the right cheek, near the angle of the mouth. If rubbed off bleeding occurred; and it was discovered on no other site. Could this have been diphtheria and croup, or are they one and the same thing, only the former affecting the throat, generally, and the latter the air passages? As this case was one of the first, followed by diphtheria in the vicinity, it is of marked interest to me.

Diphtheria.

From March 20th to August 1st, 1865, twenty cases of this disease have been successfully treated, by the local application of ferri per sulphas. Obstinate cases did not yield to a saturated solution, but to the use of this salt in substance, sprinkled on a dossal of lint after it had been dipped in a strong solution of the same, drying or freeing it from too much, by striking the probang upon the side of the glass, so that it would not cause strangulation by drops falling into the trachea while using the instrument in the throat. I have made as many as three applications in a day without injury to the throat, but it produced a healthy action of the mucous membrane, after being used two or three times, if organization of the effused substance has not already occurred.

I have required my patients to use a gargle of a strong solution of potassa chloras, of which a portion is swallowed; and the constitutional treatment (which I consider essential) has been quiniæ sulphas, tinctura ferri chlor , and carbonate of ammonia. The former (quinia) I use to its specific effect, as soon as possible, administered every three hours; after the desired effect it is given less frequently, and in diminished doses. One case that was treated after the old style, died on the fifth day of the disease. I did not see this patient until the exudation had become organized, and had invaded the air passages.

February, 1866. Diphtheria prevalent four miles distant; two deaths have occurred; one from its direct influence, and the other from sequelæ.

Hospital Reports.

Pennsylvania Hospital, *May 26*, 1866.

Surgical Clinic of D. Hayes Agnew, M. D.

Reported by Dr. Napheys.

Rupture of Ligamentum Patellæ.

This man was before the class some time ago, in consequence of rupture of the tendon of the patella, judged to be such, as no fragment of bone could be discovered connected with the tendon. He has now been under treatment for seven weeks last Tuesday. He has had two other accidents of a similar character, one occurring in September, and the other in December last.

The dressing was removed, and it was then found that the finger could be readily slipped into the inter-articular space, in consequence of the contraction of the quadriceps extensor muscle. No trace of any antecedent fracture was present.

The bond of union in longitudinal fractures is sometimes so very nice that it is almost impossible to discover it by any examination through the skin. But this could not have been a longitudinal fracture, and it is exceeding rare for transverse fractures to be so closely united as to leave no trace of union. Examining the condyles of the femur, the patella was seen to be a trifle higher than it ought to be, about three-fourths of an inch. The amount of connection between the tendon and patella cannot be determined, but that it has some attachment is clear, as the man can extend his leg somewhat.

There is no necessity of keeping any dressing on longer, save a laced knee-bandage. The great matter is to restore as much motion as possible to the joint. There is no anchylosis. It is a rare occurrence to have anchylosis of the knee-joint from fracture of the patella. A good way to exercise the limb is to have the patient sit upon a table, and allow the leg to hang over and swing back and forth by action of the quadriceps. Thus as much mobility will soon be acquired as this union will justify or admit of.

Fracture of Leg.

This patient entered the hospital two days ago, with fracture involving both bones of the leg a short distance above the ankle-joint. He is a painter by trade, and while upon his support, painting, he fell upon the pavement, a distance of twenty feet.

The limb has been placed upon a pillow, supported in a fracture-box, lead-water and laudanum applied, and oiled silk used to prevent evaporation. The seat of the fracture of the fibula is about three inches above its lower extremity, the smallest portion of the bone, and a portion where, when the foot is abducted, a very considerable amount of pressure is received. Running the finger down the spine of the tibia, no fracture can be discovered in this way. In certain forms of fracture, the spine of the tibia may be in a perfect line. An examination of the inner side of the tibia shows that the internal malleolus has subsided, its position being scarcely noticeable. It has been detached, and the course of the fracture has passed into the articulation from the inside. It is extra-articular, so far as the fibula is concerned, intra-articular in regard to the tibia.

The management of such cases requires a great deal of care. Sometimes you can treat them perfectly in a fracture-box, so long as too much pressure is not made upon the internal malleolus. Sometimes the peroneus longus and brevis, which here exercise a powerful leverage, tend to abduct the foot, producing a kind of sub-luxation. To counteract all this, a splint is recommended to be placed upon the inner side of the limb, extending, from the knee, four inches below the foot, with a pad, stopping about five or six inches from the lower extremity, so as to be, in such a case as the present, just above the internal malleolus. This is the splint of Dupuytren. This is secured to the limb at the upper end by a few turns of the roller, and the foot is carried into adduction, and retained by a figure of eight to the lower part of the splint.

This limb is, however, in such admirable position, that there is no necessity of disturbing it. We must not tie ourselves to this or the other splint. It is sufficient to fulfil whatever indications may be present by any expedient which may be suited to the particular case. The foot should be kept against the foot-board.

The prognosis. The fracture passes inside of the articulation, but Barton's fracture passes into the articulation of the wrist joint, yet good results are obtained if it be treated intelligently. It would be safe never to be committed to the patient by telling him he will have an ankle as perfect as it was before. There is no external wound, which is very favorable. If one existed, he would probably have a stiff ankle.

It is important, so soon as union takes place between the malleolus and the lower extremity of the shaft, that a certain amount of motion shall be instituted, which may be commenced as early as the twelfth or fourteenth day, by holding the two malleoli together, and moving the ankle gently, flexing and extending it, thus preventing, to a certain extent, the adhesions likely to form. This passive motion should be made at every dressing, until the patient is well enough to go about. The limb will have to be kept in a box for at least five or six weeks.

Housemaid's Knee.

This woman has just been admitted for some trouble about the knee joint, which commenced four months ago, and which she attributed to a fall. The swelling is detected immediately over the right patella, limited by its tendon and sides. The lateral and posterior portions of the joint, are not swollen, and the affection is not due, therefore, to any swelling inside of the articulation, as there would then be a projection on the sides of the tendon of the patella. There is no fracture, as the patella can be felt in its place, and there is no crepitation. A bursa is situated over the patella, as over other salient points of the skeleton, where there are tendons playing, intended to protect the part against pressure. These bursæ frequently become inflamed in consequence of violence done to them, or from other causes. Thus in lads at school, the bursæ seated over the olecranon process become inflamed, from resting the elbows on the tables in studying. They are sometimes exceedingly troublesome cases to deal with. When they involve the tendon on the posterior part of the wrist, caution has to be observed, as operations there have been followed by very violent symptoms, disordering the functions of the joint, and even resulting fatally.

This affection constitutes the disease known as housemaid's knee. It is found in two conditions; first, in an acute stage, where there will be great swelling, tenderness, redness of surrounding parts, and even constitutional fever. In that case, it is not proper to do anything in the way of a permanent cure, but merely to relieve the inflammation. Then it passes into a chronic condition, and requires something more decided for the cure of it. Some of the operations which have been practised are the following. When seated on the posterior part of the wrist, the bursæ are broken up by giving them a violent stroke, and allowing the fluid to extravasate, applying compression immediately afterwards. In this way they are often cured. Another method is by making a puncture and scratching the inside of the sac thoroughly. Others cut out the sac. This should not be practised except in very extreme cases as excessive inflammation often follows. Another plan is that of injection, which consists in puncturing as in hydrocele, and then, after drawing off the fluid, which is often of the consistence of jelly, throwing in some tincture of iodine or any other stimulating application. Another operation is to make a puncture with a bistoury, press the fluid out and then insert, running along the blade of the knife, a needle with a fine thread or two, to remain for two or three days. A splint is then placed upon the posterior portion of the limb, so as to confine it, and the whole covered up with a soft flaxseed meal poultice. In the course of two or three days, a considerable amount of irritation will be produced, when the thread is to be drawn out, and the poultice used, accompanied by pressure.

The sac in this case, is apparently ruptured.

She fell some time ago, and it has not been so large since. A portion of the fluid has extravasated.

The centre of the sac was peirced by a knife, the fluid pressed out, and a needle passed through armed with a thread, which was fastened upon the outside, by tying the two ends together. The knee was placed at rest. In two or three days, the thread will be drawn away.

Extensive Ecchymosis.

This man fell, and a heavily loaded market wagon passed over the small of his back. When he came into the hospital, there was a large swelling, which has subsided, and extensive discoloration, which remains over the buttocks, and for some distance up the back as far as the scapulæ.

Some of the large veins seated along the spine have been lacerated, and the blood has run into the cellular tissue, and diffused itself just in correspondence to the attachment of the superficial fascia of the gluteal muscles, which passes up to the lower portion of the scapulæ, and is adherent firmly to the aponeurosis of the glutei.

The chief point of interest is as to what is the proper method of dealing with this case. The question is whether with so large an accumulation of blood, it would be prudent to leave it to nature, whether it might not produce so much irritation as to cause inflammation and sloughing. An incision was made and forty ounces of uncoagulated blood evacuated. Since then the sac has filled up again, and there is probably twenty ounces remaining now. The pressure being removed, the veins again poured out their contents. Stimulating applications will now be placed upon it, as compresses saturated with soap liniment, and confined by a roller so as to make pressure. If this does not suffice, it only remains to open it, and turn out the coagulated blood, inducing suppuration and granulation.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M.D., Recording Secretary.)

Subject for Discussion:—Puerperal Fever.

By Dr. George Hamilton.

(Continued from page 488.)

The indications for the treatment of the disease being based upon conclusions regarding its essential nature, it need occasion no surprise that the opposing views in relation to puerperal fever have been supported with unusual warmth, and maintained with much persistence; and hence the reason why we have invoked, for the profitable consideration of the subject, a mind void of all prevention. That some of the reasons assigned for the occurrence of puerperal fever, independent of local inflammation, are plausible, may be granted; yet, that this view of the subject is fully made out, or that it presents fewer difficulties and objections to general acceptance than the one most commonly received, is, we think, in the present condition of the question, more than can be admitted. A just and dispassionate view of the physical condition of the female, before, during, and after parturition, in connection with the phenomena characteristic of those periods, and a due observance of the analogies of other conditions of disease, may assist to reconcile some discrepancies of opinion in regard to certain points of our subject.

It is within the observation of every one, that many women enjoy, during the whole period of pregnancy, unexceptionable health; yet this is, by no means, the general rule. On the contrary, during the first three months, and frequently for a much longer period, the pregnant woman is often so harassed with nausea, loathing of food, or severe vomiting, and becomes so exhausted thereby, that it requires, during the whole of her remaining time, a complete exemption from these depressing influences, and an excellent appetite and digestion, to regain a moderate share of that strength of body and elasticity of spirits which she has lost. If, indeed, we had regard merely to external appearance, many women, at term, would seem rather to have gained than lost, but these appearances are often deceptive; for it is to be recollected, that the general fulness of person, frequently seen in advanced pregnancy, is owing, in a great degree, to the infiltration of serous fluid into the cellular tissues, and the blooming countenance and sparkling eyes are often occasioned by that increased excitement of the general system which borders upon fever. But there are other agencies than those alluded to, in operation, and, in many instances, hæmorrhoids, either of a painful, or sanguineous and exhausting character, or constipation, with its annoyances, or diarrhœa, with its direct debility, or loss of sleep, from malaise, or from pelvic, abdominal, or otherwise located pain, or from mere anxiety in regard to her approaching trial, combine still further to impair her general strength and stamina. If, in addition to these more obvious causes of debility, we reflect upon the altered state of the blood in the latter months of pregnancy, the diminution in quantity of the red globules, and also of the albumen, the increased quantity of fibrin, and the great irritability of the nervous system—a condition that engenders, and, as it were, engrafts an inflammatory diathesis upon a comparatively anæmic condition, and still further, keep in view that, from mere pressure and tension, the vessels of the pelvic and abdominal viscera must be partially engorged, no surprise need be felt that fever, no

matter of what character, occurring in such a condition of the organism, and especially within a few days after the extraordinary changes that parturition brings with it, should excite into action a form of disease that perhaps no other state of the constitution would admit. Whether, then, inflammation of the uterus and its connections may at times be caused in this way, or arise primarily from injury of its tissue, from contagion, from obvious local or general agencies, or, as generally happens, from causes beyond our scrutiny; it would surely be too much to expect that such inflammation should pursue the same march, present the same phenomena, and offer the same post mortem appearances, as occur under circumstances that embrace but few, perhaps none, of the conditions just alluded to.

As a general rule, puerperal fever, even when epidemic, reveals to post mortem examinations, ravages, the manifest result of inflammation, fully sufficient to account for death. The instances in which no signs of previous inflammation can be detected are rare, and such cases, as well as those in which the lesions were considered too slight to occasion death, took place nearly always during the prevalence of a typhoid influence. Now, if we call to mind what is well known as regards other diseases occurring during the time of such typhoid influence, the analogy will at once be manifest. Pneumonia, for example, when epidemic, is so much under the influence alluded to, and is so greatly modified thereby in its march, termination, and post mortem appearances, as to have obtained the name—typhoid pneumonia. Death from this form of the disease is comparatively much more frequent than in simple sporadic cases, though, in this latter, a fatal issue does sometimes occur suddenly and without apparent fatal lesion. But it is especially in the post mortem appearances of typhoid pneumonia that the differences in the two types of the disease are so manifest, and are often quite as remarkable as those observed in puerperal fever. Dysentery, scarlatina, and measles may also be adduced as having shown, during the prevalence of an epidemic influence, quite as decided deviations from their ordinary symptoms and post mortem appearances as occur in puerperal fever. If we refer to the history of some of the epidemics that have at times ravaged Europe, it will be seen that disease in general is subject to the disturbing influences spoken of, and generally shows itself in diminished nerve-power, depression of the arterial system, disposition to passive congestion, or hæmorrhage, or effusions, less plastic than ordinary, with consequent great variations in the anatomical lesions, or as often happens, in a remarkable absence of visible lesions. Nevertheless, the essential character of the disease is the same, as is clearly proven by the occurrence, during such epidemics, of many cases where the disease pursues its normal course, and this is fully in accordance with what is seen in our own country.

But, independent of all epidemic influence, the state of the puerperal woman, as regards her organism previous to parturition, and the peculiar character of that process, leaving her, as it does, in a condition somewhat analogous to one who has undergone a surgical operation, seems to embrace in itself enough, in a vast majority of cases, to account for all that ensues when she becomes the subject of puerperal inflammation and fever. The dropsical diathesis favors serous effusions, and, just as is sometimes seen in pleurisy, may happen as the consequence of very slight inflammation. A higher degree of inflammation is, from the changed condition of the blood and tissues, exceedingly prone rapidly to extend itself, to involve in phlebitis the uterus and ovaries, with its disastrous results, or otherwise, quickly to terminate in gangrene; and this also may occur where the inflammation has not been of a very high grade, as is known at times to happen from inflammation occurring in the latter stages of typhoid fever, or other low conditions of the system, where the altered condition of the blood and the impaired tenacity of the tissues favor such an event; or again, as may follow inflammation arising from surgical operations in weakened and diseased parts, or merely from punctures or leech-bites in œdematous and, of course, impaired tissues.

Indications for treatment, it is commonly said, are to be derived from conclusions regarding the nature of a disease; but it very often happens, in the present condition of medicine, that we can accept this only as a general proposition, and treatment, to be rational and successful, must be based upon the specialties of each case that presents, and is, consequently, subject to almost innumerable variations or modifications. Regarding puerperal fever to be dependent for its existence upon the peculiar condition of the puerperal woman, and viewing those cases of the disease which may seem to be indebted for their origin to a general, rather than to a local cause, as merely exceptional, and often susceptible of other explanation than what has sometimes been given, we recognize, as regards treatment, but one great indication, viz., the prevention, when threatened, and the prompt arrest, when devel-

oped, of inflammation of the uterus or any of its appendages and connections. The mere abstraction of blood, however, is not to be regarded as the *sine qua non* of a successful treatment of such inflammation; on the contrary, such depletion would with us be the exception, not the rule. If the patient be seen soon after the attack, and there be evidence of a high grade of inflammation, we would immediately abstract blood freely, and as a rule, but once—provided the woman, at the time of parturition, was in a condition to show that her appetite had been good, that the general strength and fulness of the system during pregnancy had been well maintained; that no unusual sanguineous discharges had taken place before, during, or after delivery; and likewise, that her strength had not been greatly exhausted by a labor of great severity and long duration, and in which she had taken scarcely any nourishment, whilst a vast expenditure of nerve-power had occurred. That these favorable conditions for the use of the lancet are found in a majority of cases cannot, we think, be admitted; and it is only upon a due consideration of the peculiarities of each case, that the propriety of venesection and leeching, and the extent to which they should be carried, or their rejection, can be determined. On one point, in this connection, all authorities are agreed, viz., that venesection, if at all admissible, should be performed as early as possible, and especially in attacks that occur very soon after delivery, as these are apt to be the most quickly fatal, unless promptly arrested. The next object in such a case is to remove the fecal contents of the bowels, and for this purpose castor oil and spirits of turpentine generally answer very well, and if necessary, may be assisted by purgative injections. This much having been accomplished as speedily as possible, the next point in the treatment is the administration of opium or some of its preparations, in such doses, repeated from time to time, as may be found sufficient to allay or moderate the excessive pain generally felt, and this, we think, constitutes by far the most important part of the medication of puerperal inflammation. The extent to which the opium treatment should be pursued can only be determined by the urgency of the symptoms and the idiosyncrasy of the patient; but, in view of the well known power of opium to control disturbed nerve-power, by restoring a proper correlation in the action of the different systems of nerves, in allaying irritation, and consequently, inflammation, no hesitancy should be felt in carrying its use, in a threatening case, to any point short of narcotism. This treatment, after the bowels have been evacuated in the way just stated, aided by the use of cataplasms of flaxseed to the abdomen, is, we believe, that which will be found most effectual in a large majority of cases, and is that upon which we would most rely for permanent good results, even though the patient had previously required venesection.

The free employment of opium in puerperal inflammation is generally well borne, as might rationally be expected, where irritation is so excessive; but it possesses another advantage in its extraordinary power of procuring for the suffering and alarmed woman a comparative tranquility of mind and partial relief from the dismal foreboding that so often, in these peculiar cases, takes possession of the patient, and in this way, a positive advantage is gained in treatment.

Should the disease, occurring either sporadically or epidemically, be characterized by only a moderate grade of inflammation and fever, and particularly, if much blood have been lost during or after labor, depletion should not be thought of; in other respects, the treatment alluded to, with, in addition, stimulating liniments, or in some cases, blisters applied to the surface of the abdomen, the use of carbonate of ammonia, and stimulants in the form of wine whey or milk punch, given, not by measure, as we fear is sometimes done, but with strict regard to their effects, may be resorted to. Opium, in almost any aspect of the disease, seems indispensable, though the doses, under the circumstances just alluded to, should be greatly diminished. Where the disease is not very rapid in its movement, it is probable that advantage may, in some cases, be obtained by the addition of small portions of blue mass or calomel to the opium. It has lately been proposed to cure puerperal fever by attempting to neutralize the poison, on whose introduction into the bloodvessels the disease is by some thought to depend; and for this purpose the bromides and chlorates have been recommended. As the very existence of such poison, however probable, is only conjectural, and the nature of this suppositious poison is beyond rational conjecture, nothing short of the repeatedly verified experience of the utility of the medicines named would justify us in the dangerous delays that the trial of these articles would involve.

In a disease so fatal as that under consideration, it is especially incumbent upon us to guard the woman sedulously against its approach. Whatever measures, then, of a prophylactic character are within our knowledge and command, should, from the moment of accouchement, or if possible,

before, be put in requisition. As we believe opium to be the most reliable article for removing inflammation, so, in at least one condition in which the female is sometimes found after parturition, viz., one of great irritation and excitement, the consequence of greatly protracted and severe labor, increased at times by necessary manual interference, we are disposed to think that one or two decided doses of the same medicine will sometimes act as beneficially in the prevention of inflammation as a similar proceeding on the part of the surgeon often does after a capital operation. Without entering into a detail of general preventive measures, it may be observed that a single omission in instructing the nurse to whose care our patient is committed, in regard to what we think essential to her welfare, may prove the indirect cause of a disastrous result. As in other conditions of the organism, so in this, a predisposition to a certain, perhaps fatal, pathological state may exist; yet if the spark, as it were, be not applied, the explosion does not ensue; and we feel satisfied that even the apparently slight circumstance of an improper position in bed, leading to the retention of clots, or too frequent and abrupt change of posture, especially when the uterus remains uncontracted or the partial exposure to a cool atmosphere of any portion of the body, whilst in a state of perspiration, have, in some cases, been the exciting causes of an irremediable malady.

(*Discussion next week.*)

Editorial Department.

Periscope.

Extirpation of the Spleen.

At the Pathological Society of London, according to the *Medical Times*, Mr. Spencer Wells exhibited an *enlarged spleen removed by excision* from a woman, thirty-four years of age, the mother of two children. She had been ill about a year, the tumor having only been discovered six months. Its growth had been slow at first, but very rapid lately. Bromide of potassium, quinine, and iron had been used without benefit, and the case evidently nearing a fatal issue, Dr. Jenner, in a consultation, proposed excision, as offering "*the shadow of a chance.*" The patient and her husband desired that the trial should be made. The operation was easily performed. An incision, seven inches long, was carried along the outer border of the left rectus abdominis, and the spleen turned out. The vessels were secured by silk ligatures, which were cut off short and returned. There was very little bleeding.

The patient at first promised to do well, but she died, on the fifth day, of pyæmia, with effusion into both pleural cavities and pericardium; but there was neither hæmorrhage nor peritonitis.

The spleen on removal weighed 6 lbs 5 oz., avoirdupois; but nine ounces of blood drained out of it, leaving its weight 5 lbs 12 oz. It measured 11 inches in length, 8 in breadth, and between 3 and 4 in thickness.

This is the third case of extirpation of the spleen in the human subject on record. It was performed by Quittenbaum, of Rostock, in 1823, and Küchler, of Darmstadt, in 1855.

Cause of Redness in Inflammation.

Messrs. Alfred Estar and Canville Saint Pierre have, according to the *Mèmoires de la Societé de Biologie* (*Brit. and For. Med.-Chir. Review*), investigated the pneumatology of the blood coursing through inflamed parts, as the foot of a dog seared with the actual cautery. They estimated the amount of oxygen present by treating the blood with carbonic oxide, as recommended by Bernard, and obtained the following remarkable results:

Experiment.	*Inflamed side.* Amount of O. in 100 parts of blood (venous.)	*Sound side.* Ditto.
1	6.01	2.41
2	6.04	2.40
3	4 74	2 36
4	3.60	2.40
5	4.80	2.40

They conclude from these and other experiments:

1. That the venous blood returning from an inflamed part contains constantly more O than the blood of the sound side, the proportion being as 1, 1.50, or 2.50

2. That the venous blood of the inflamed side contained more CO^2; and,

3. That it is to the excess of O in the venous blood, rendering it of brighter tint, that an increased redness of an inflamed part is due.

Elephantiasis of the Clitoris.

Dr. Lyman reported at a recent meeting of the Chicago Medical Society, according to the *Chicago Medical Journal*, a specimen of elephantiasis of the clitoris, removed by Dr. McClure from a patient at the almshouse. She was a woman about twenty-five years of age, mother of several children, and had suffered with constitutional syphilis. The clitoris commenced to enlarge about three years previous to the time of its removal. It formed a pendulous, bifid tumor, dangling between the thighs, and reaching half way to the knees. Its surface was nodulated, and was ulcerated at several points, exuding a most offensive discharge. The tumor was easily removed by amputation after the application of a whip-cord ligature around its pedicle. The stump cicatrized in eight days after the operation. Microscopical examination showed fibrous and connective tissue as the principal elements of the mass.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 30, 1866.

SPECIAL NOTICE.

☞ WE WISH OUR READERS TO BEAR IN MIND THAT THE FIFTEENTH VOLUME OF THE MEDICAL AND SURGICAL REPORTER BEGINS ON THE FIRST OF JULY. IT IS A SUITABLE TIME FOR NEW SUBSCRIPTIONS TO BEGIN, AND AS IT IS LIKELY THAT THERE WILL BE A LARGE ACCESSION OF NEW NAMES TO OUR LIST FROM THAT DATE, IT IS IMPORTANT THAT WE SHOULD RECEIVE THEM AS EARLY AS PRACTICABLE, THAT WE MAY KNOW HOW LARGE AN EDITION IT WILL BE NECESSARY TO PRINT.

*** LET EACH OF OUR PRESENT SUBSCRIBERS MAKE IT A POINT TO SEND US AN ADDITIONAL NEW NAME.

CLOSE OF THE FOURTEENTH VOLUME.

With this number our labors on the fourteenth volume of the MEDICAL AND SURGICAL REPORTER in its weekly form, are brought to a close. And it is with feelings of gratitude, rather than of vanity, that we look upon the result of the six months' labor as perhaps the most beneficial to our profession that we have ever performed in the same length of time. The variety, extent, and value of the matter which has been published, and the long catalogue of original contributors, among whom are some of the most distinguished, and we may add, *wide-awake* writers in the profession in this country, is evident by a glance at the index of the volume, published with this number.

We cannot forbear expressing our heartfelt gratitude to the profession for the liberal support they have accorded us, by which we have been enabled to make a considerable advance, during the past six months, toward perfecting the periodical medical literature of the country.

For the future—we refer to the Prospectus of the Fifteenth volume, herewith published, the very best prospectus it was ever our privilege to send out, and which, we have reason to believe, contains but a foreshadowing of the good things the volume will contain.

In order to carry out our plans fully, we shall need the continued hearty and active co-operation of all our subscribers *and readers*. Plenty of new subscribers and PROMPT PAYMENT of subscriptions will add greatly to the value of the REPORTER, and make it a more creditable exponent of American medicine and surgery than it now is.

THE NEW YORK ACADEMY of MEDICINE AND CHOLERA.

At its last meeting, held June 20th, 1866, the New York Academy of Medicine unanimously adopted the following preamble and resolutions:

Whereas, The New York Academy of Medicine has endeavored to promote among its own members and throughout the medical profession a spirit of exact and practical inquiry into the preventive and remedial treatment of epidemic cholera;

Resolved, That this Academy hereby expresses its confidence in the utility of general and specific hygienic measures as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing, and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

Resolved, That in the judgment of the Academy, the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact) that the choleric diarrhœa and "rice-water" discharges of cholera patients are capable, in connection with well-known localizing conditions, of propagating the cholera-poison, and that rigidly enforcing precautions should be taken, in every case of cholera, to permanently disinfect or destroy those ejected fluids by means of active chemical agents. Also, that with the same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick. Also, that all privies, water-closets, and cess-pools should be kept thoroughly under the control of disinfectants.

Resolved, That we regard the nature and causes of cholera infection, so far as the sick or their discharges can propagate it, as being so susceptible of control, that there should be no fear or hesitancy in the personal care of the sick and all that pertains to them.

Resolved, That immediate and thorough cleansing and disinfection of all persons, clothing, and things that have been exposed to the discharges or persons of the sick with cholera, constitutes the chief end and object of any rational quarantine or external sanitary police regulations against cholera.

Resolved, That, *for the purposes here mentioned*, an external sanitary police is desirable in all great maritime and river towns, but that such sanitary regulations need not seriously embarrass commercial intercourse and the interests of trade.

Resolved, That the main source of protection against epidemic cholera, at the present time, is to be found in the vigilant and effective operation of sanitary measures, municipal, domestic, and personal.

Resolved, That the New York Academy of Medicine cordially invites the physicians of every city and village throughout our country to urge the immediate adoption of adequate measures of

sanitary protection against the introduction and ravage of cholera; and, that to this end, we pledge to our brethren and the public the hearty and continued coöperation of this Academy."

Although somewhat late, we are glad that at least one of our more prominent bodies of medical men has thought proper to embody in a series of resolutions those undisputable facts which the experience of the profession has demonstrated, namely, *that cholera is portable*, and that quarantine for the purpose of disinfection, purification of passengers and baggage, is justified. Whether the present system of quarantine is the proper system, they have failed to say. But there is probably not one of a hundred physicians in the country, who will not say that science as yet does not justify the abolition of quarantine, and that Congress should give us a uniform code of sanitary laws, based upon sound science, governing international intercourse, executed under the responsibility of the Surgeon-General of the United States. And this, we venture to say, will come to pass before many years, in spite of the efforts of *impostors*, the protestations of the "consulting physicians" of Boston, and the non-committal policy of the American Medical Association.

A CASE OF TRESPASS.

A correspondent in Michigan recently called our attention to an essay, entitled, "Luxation of the Hip-joint, and the Agents which oppose its Reduction," by Dr. James W. McDowell ,of Illinois, published in the Reporter for May 5th, claiming that it is but a garbled copy from a pamphlet published in 1859, by Prof. Moses Gunn, of Detroit. Another correspondent makes a plain statement of the case in this number.

On a careful comparison of the two papers, we are free to admit that Dr. McDowell has evidently gone beyond the bounds of propriety in making use of the labors of others in an essay purporting to be original. We find that much the larger portion of his essay is copied, with an occasional verbal alteration, from Dr. Gunn's pamphlet, while not a hint is given of the source from whence he obtained the material of his essay. He says that he saw experiments performed, and that he performed experiments himself—but it seems evident that his experiments were a mere reproduction of those he had seen Dr. Gunn perform, and he therefore had no right to claim them as in any manner his own. We are glad of this opportunity of giving Dr. Gunn credit for whatever there is of merit in Dr. McDowell's paper.

A GLEAM OF LIGHT

Has suddenly fallen upon the Ward's Island cholera question, which has caused so much harsh debate. It will be remembered that the occurrence of this cholera endemic on Ward's Island last winter was repeatedly quoted as affording strong proof that the disease might arise spontaneously on our soil, and against the portability of the disease. We are now enabled, on the authority of Dr. Herzog, of New York, to state the fact, which is also corroborated by no less authority than Dr. Harris, that a man, *who had been at work on the cholera-ship Atalanta*, was admitted to the Ward's Island Hospital, suffering from a sore foot, that he *remained* there some days, was discharged on the 16th of November, and that *cholera* broke out on the 20th of the same month. Will any one doubt that he carried the poison, or its germ, and that the disease was brought to the island by him.

Notes and Comments.

Another Cholera Infected Ship is expected to arrive at New York.

A letter dated Antwerp, May 31, from Messrs. Steinmann & Co.; agents in that city for the house of Wm. F. Schmidt Sons, No. 53 Beaver street, New York, has been received, containing news from the ship *Agnes*, which sailed from that port on the day the letter was written, and will be due here about the middle of July. The following extract contains the more important facts concerning the progress of the disease on that vessel:

"Gentlemen: Inclosed you will find a list of the passengers who died, and of those who are still lying sick at the Hospital at Fort Liefkenshock, taken from the ship Agnes, which was to have sailed hence to New York on the 13th inst., but was detained by the breaking out of 13 cases of cholera.

"The Government official, as also the Marine Commissioners, took with praiseworthy activity, all steps and enforced all regulations which were necessary to prevent the further spread of the fearful epidemic.

"A fort was put in proper state to be occupied as a hospital for the sick; experienced physicians were put in charge; nurses and soldiers, who offered their services, did their utmost to alleviate the sufferings of those attacked by the disease. Four Sisters of Charity took charge of the women and children, and the Protestant and Catholic clergy were untiring in their duties. We send fresh meats, bread and vegetables to the fort daily, and visit the sick personally, to see that the sufferers have the best of treatment. We have furnished the sick with clean new bedding twice, burning that which had been used. Not-

withstanding all our exertions 56 persons died, and 25 are still sick.

"The Agnes sailed at 3 o'clock this morning, with the well passengers on board. Such of the passengers as wished to return home were furnished with transportation, while those who wished to proceed took passage in the Agnes. We hope the sea-air may put an end to the epidemic. The latest cases of sickness were typhus fever, not cholera. We give you these details so that you may know what has been done for the sick. The effects of the dead we send you by the vessel, to be delivered to the Consul as the law prescribes. We call attention to this fact so that the relatives of the dead may reclaim their effects at your hands. There are now 235 passengers on board, and we hope they may have a quick and safe passage."

To Correspondents.

We have on hand so large an amount of material for our pages that we shall be compelled to commence the new volume with an addition of several pages of reading matter to each number. This will be attended with great expense, but will be continued through the volume if the income will warrant it. This will offer an additional inducement to subscribers to endeavour to extend our circulation.

Medical Books in Press.

Lindsay & Blackiston, of this city have in press "Aitken's Science and practice of Medicine," from the fourth London edition; "Waring's Practical Therapeutics;" "Dixon's Practical Treatise on Diseases of the Eye," a new and thoroughly revised edition; "The Physicians Visiting List," of various sizes and styles, for 1867; "Prince's Orthopedic Surgery," with numerous illustrations; "Zander on the Ophthalmoscope," translated by Carter, with illustrations; "Beale on the Microscope in Practical Medicine," third edition; "Trousseau's Clinical Medicine, Vol. I., Part I.;" "Cooley on the Toilet and Cosmetic Arts in Ancient and Modern Times;" "Duchennes's Localized Electrisation," with numerous illustrations, and "Basham on Dropsy.

Infanticide.

At a recent meeting of the Harveian Society, we are informed by the *Dublin Med. Press and Circular*, a committee was formed to draw up a report on infanticide, with the object of suggesting the best means of checking the crime; and to report on the causes of death of young children, the best means for preventing excessive infant mortality, and to suggest some plan for the care and rearing of illegitimate children, other than the present workhouse system.

Such a committee should be appointed by the American Medical Association. Criminal abortion and infanticide are becoming more common in this country every day, and the laws regarding the detection, punishment, and prevention of these crimes are fearfully lax and vague.

National Quarantine.

We are assured by pretty good authority, that our Government was ready to establish a national quarantine on Sandy Hook, if the *American Medical Association* had pronounced itself decidedly as to the necessity of quarantine. The more is the pity, that such an urgent, humane, liberal, and beneficial measure should have been frustrated by want of decision and practical sense in our own profession.

Errata.—In Reporter of June 16, p 477, Dr. Rodefer's case of Viability of Twins, should read in *from four and a half to five months.*

In the notice of the *Ophthalmic Review*, June 23d, p. 490, 21st line from bottom, for "stemiplegia" read hemiplegia. Sixth line from bottom, for "2 s." read 20 francs.

Correspondence.

DOMESTIC.

NEW YORK CORRESPONDENCE.

A Case of Elephantiasis Arabum

Successfully operated upon by Julius Stephen Thebaud, *M. D., of New York, Surgeon to St. Vincent's Hospital, Colored Hospital, etc. etc.*

Through the courtesy of Dr. Thebaud, I witnessed an exceedingly rare operation performed by him at the Colored Home, Wednesday, May 30th, 1866.*

At the appointed time, the patient was put under ether, the operation lasting from 2.45, P. M., till 4.15, P. M. Dr. Thebaud first made a transverse incision, about twelve inches below the symphisis pubis, some eight inches in length; and one on each side of where the penis was supposed to be, extending from the pubes down to the former incision. Cutting through the thickened integument, and dissecting up this flap, he searched for and found the penis, of nearly natural size, and the right testicle, slightly atrophied; and dissected them out very carefully. Dr. Thebaud then proceeded to look for the left testicle, but found what he had publicly announced to the profession and the patient, before commencing the operation, viz., that it did not

* For a full description of this case, see the Medical and Surgical Reporter, Vol. xiv., No. 15, page 284. But, briefly to recapitulate: It was an enlarged scrotum, of eight years' growth, five feet in circumference, and weighing 73 lbs. The patient affected was a colored man, 22 years of age, and a native of Georgia.

exist, there remaining nothing but an elongated chord; which was subsequently even more clearly demonstrated by a careful dissection of the removed mass. Dr. Thebaud then amputated the tumor, some seventy-two pounds in weight, leaving a small flap below. After considerable loss of blood and the ligation of nearly one hundred vessels, he brought the flaps together, and secured them to the membrane attached to the penis, leaving only the corona visible, and an extra amount of material, in case of subsequent sloughing.

Twice during the operation, the patient's pulse became very weak, but quickly responded, on brandy being administered per rectum.

Among those present, were Drs. A. C. Post, Wm. H. Van Buren, Buck, Markoe, Bumstead, Krackowitzer, Gouley, and eminent surgeons of the Army and Navy.

The patient had but recently recovered from an attack of small-pox, which probably accounted for his temporary prostration.

One week after the operation, on inquiring of Dr. Thebaud his condition, I received the following gratifying note: "To-day, the patient is doing very well, and everything bids fair for a recovery. He has *urinated voluntarily* daily since the operation." As a growth of this nature is seldom seen in the United States, this happy termination of the case will be looked upon with the deepest interest, and bring additional credit where praise has already been awarded.

Samuel W. Francis, M. D.

Luxations of the Hip-joint.

Editor Medical and Surgical Reporter:

In a number of your journal, published May 5th, 1866, I find an article entitled "Luxation of the Hip-joint, and the agents which oppose its reduction." The article is one that readily commends itself to every practical surgeon and anatomist, and expresses views taught by Professor Gunn of the Michigan University for the past twelve or fourteen years, which every student can testify to who has attended that institution within that time.

The—would-be—author (James W. McDowell) of the article alluded to above, is to be commended for the disposition which he exhibits for the promulgation of views which may at the present time be looked upon as an important advance in our science; but he is not entitled to any credit for attaching his name to an article, the substance of which is taken "verbatim et literatim" from a pamplet published in 1859 by Prof. Gunn, for the benefit of the Medical Class of the University of Michigan.

I do not mention this fact because of any ill-feeling towards Dr. McDowell, but we, as medical men, should be actuated by higher motives than those which would lead us to appropriate to our personal credit honor which is wholly due to another.

W. E. Fraser, M. D.

Washington, Iowa, June 20th, 1866.

MARRIED.

Baxter—Ellison.—In Chicago, Ill., on the 19th inst., by Rev. J. B. Little, Dr. Samuel Baxter, of Lima, Ohio, late Assistant Surgeon 18th O. V. I., and Miss Debbie Ellison of the former place.

Clark—Cox.—At Bridesburg, June 21, 1866, by Rev. George W. Cox, assisted by Rev. J. B. Davis, Isaac J. Clark, M. D., and Miss Anna Louisa Cox, all of this city.

Douglas—Mygatt.—In Oxford, N. Y., June 14, by the Rev. James Douglas, assisted by the Rev. E. H. Payson, George Douglas, M. D., and Jane A., daughter of William Mygatt, Esq.

Duffell—Bodine.—On the 14th inst., at Williamstown, N. J., by the Rev. David Duffell, Charles D. Duffell, M. D., and Phebe H., daughter of the Hon. J. F. Bodine, all of Williamstown, N. J.

Moody—Ladd.—In Brookline, Mass., June 15, by Rev. Francis Wharton, Henry G. Moody, M. D., of Gaspée, C. E., and Josephine J. Ladd, youngest daughter of the late Frederick P. Ladd, Esq., of Brookline.

DIED.

Constant.—In Peru, Ind., June 9th, 1866, John H. Constant, M. D., in the 44th year of his age.

Day.—At Pine Bluff, Ark., May 16th, 1866, Mrs. Julina Adelle Day, wife of Dr. D. C. Day, late of Philadelphia.

Like an Alpine lamb her shepherd has conveyed her to higher and greener pastures.

City papers please copy.

ANSWERS TO CORRESPONDENTS.

Dr. H. M. L., Cuthbert, Ga., and others.—The numbers of *Braithwaite's Retrospect* for the years 1861-65 inclusive are out of print, and cannot be obtained.

Dr. R. D., Newportville, Pa.—The price of Bennett on the Uterus is $3.50.

Dr. J. W. W., Spring Mountain, O.—The Visiting Lists for the current year are all out of print.

Dr. G. H. T., Chester, N. Y.—Prof. B. F. Barker's Obstetrical papers have never been collected into book form. A few copies of one paper, read before the Academy of Medicine, were issued, separately in pamphlet form, but they are exhausted.

Dr. A. L. S., Brookfield, N. Y.—The Female Medical College of Pennsylvania is perfectly regular in its medical teachings. It must not be confounded with a now happily exploded concern, yclept the "Penn Medical University," as we fear some do.

Dr. C. N., Sharpstown, N. J.—Sent by mail, June 19th Hartshorne on Cholera.

Dr. T. N. D., Chest Springs, Pa.—Sent by mail, June 19th, Biographical Sketches of New York Physicians.

Dr. J. S., Unadilla, N. Y.—Sent by mail, June 20th, History of American Medical Association.

Dr. H. C. A., Sylvan, Mich.—Sent by mail, June 23d, Morland on Blood.

METEOROLOGY.

June,	11,	12,	13,	14,	15,	16,	17,
Wind	W.	S. W.	S. W.	N.	S. W.	S. W.	E.
Weather	Clear.	Clear.	Clear. Shw'r. T. & L.	Cl'dy. Rain.	Clear. Rain.	Clear.	Cld'y. Rain.
Depth Rain			4-10	6-10	5-10		8-10
Thermometer.							
Minimum	60°	56°	60°	61°	60°	62°	60°
At 8 A. M.	70	66	68	65	68	70	70
At 12 M.	75	76	74	73	79	79	77
At 3 P. M.	78	78	83	77	80	80	78
Mean	65.75	63.25	66.25	69.	69.25	72.25	71.25
Barometer.							
At 12 M.	30.2	30.2	30.	30.	29.9	30.	

Germantown, Pa. B. J. Leedom.

3477
JULY 21 1866

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